

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of \_\_\_\_\_  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Greenville

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
42917

Registration District No. 55 Registered No. 185  
 (For use of Local Registrar)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

(2) Full Name of Child Theresa Elizabeth (No. M. Call)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_  
to be secured only in case of Twin or Triplet  
 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 29 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME W. H. Brannen  
 (9) PRESENT POSTOFFICE OF FATHER Greenville  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY \_\_\_\_\_  
(Years)  
 (12) BIRTHPLACE NC  
 (13) OCCUPATION Commissioner  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Elizabeth Brannen  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY \_\_\_\_\_  
(Years)  
 (18) BIRTHPLACE Greenville  
 (19) OCCUPATION \_\_\_\_\_  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was alive at 7:45 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) [Signature]  
 (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report  
May 29 1916  
[Signature]  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by nurse)  
 (27) Filed Jan 10 1916 (28) [Signature]  
 Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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COPY

Registrar  
 Ward

make noted

(Year)

.. M.,  
 P. M.)  
 dwife

if far.

p. If the