

(1) PLACE OF BIRTH

County of Greenville  
Township of Fairview  
or  
Inc. Town of Simpsonville  
or  
City of .....

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

File No. For State Registrar Only  
**56065**

Registration District No. 2206 Registered No. 37  
(For use of Local Registrar)  
(No. ....) (Sl.; ....) (Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Birth Yuffie { 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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 12  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Coat Yuffie  
(9) PRESENT POSTOFFICE OF FATHER Simplewood  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE Greenville Co  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth { ..... 2 .....

MOTHER

(15) NAME BEFORE MARRIAGE Ada Miller  
(16) PRESENT POSTOFFICE OF MOTHER Simpsonville  
(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 17 (Years)  
(19) BIRTHPLACE Greenville Co  
(20) OCCUPATION House Work  
(21) Number of children of this mother now living, including present birth { ..... 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. C. Smith  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Simpsonville S.C.

Given name added from a supplemental report  
....., 19.....  
.....  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed May 10 1916 (28) J. B. Duckett 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.

Registrar

Local Registrar

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

McCauley of Columbia