

FORM NO. 2 MARGEN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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 5. N. C., of Columbia.

(1) PLACE OF BIRTH
 County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of Greenville
 or
 Inc. Town of Anderson Registration District No. 2209 Registered No. 468
 or
 City of 256 Piedmont (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
 77312

(2) Full Name of Child... Lloyd Blackwell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? None (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10 16 16
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Howe Blackwell
 (9) PRESENT POSTOFFICE OF FATHER Greenville
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE N.C.
 (13) OCCUPATION Mill Operator
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Phillips
 (15) PRESENT POSTOFFICE OF MOTHER Greenville
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE D.C.
 (19) OCCUPATION H. Wife
 (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 3 A 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 Physician (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Apr 30 1916 (28) A. H. Mackay 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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