

WRITE PRINTED NAMES OF FATHER AND MOTHER IN THESE SPACES
 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.
 M. C. W. of Columbia.

CERTIFICATE OF BIRTH

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

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 or
 Inc. Town of Registration District No. 2209 Registered No. 057
 or
 City of Union Mills No. 14 South St.; Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
85842

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>11</u> / <u>2</u> / <u>1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>7 Huskel Purson</u>		(14) NAME BEFORE MARRIAGE <u>Lee M. Purson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>114 South Union Mills</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Union Mills</u>		
(10) COLOR OR RACE <u>W</u>		(16) COLOR OR RACE <u>W</u>		(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Mill</u>		(19) OCCUPATION <u>Union</u>		
2c) Number of children born to mother, including present birth <u>2</u>		21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 1:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Hill
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
physician Greenville

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Dec 10 1916 (28) A. H. Mackey 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.