

REGISTERED IN THE STATE OF SOUTH CAROLINA
 THIS IS A PERMANENT RECORD
 N. D.—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.—Law 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. 552
 or
 City of Cam Springs (No. 202 Church) St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
85835

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>In be answered only in case of twins & triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH— <u>11 15 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>W. A. Ayers</u>			(14) NAME BEFORE MARRIAGE <u>Bulson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>	
(10) COLOR OR RACE <u>W</u>		(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>	
(12) BIRTHPLACE <u>N.C.</u>			(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	
(13) OCCUPATION <u>Mill Operative</u>			(18) BIRTHPLACE <u>S.C.</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(19) OCCUPATION <u>Wife</u>	
			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who, was born at 11:20 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Sub

(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)
Doc G. Mackley

(27) Filled _____ (28) _____ 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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