

(1) PLACE OF BIRTH
 County of Greenville
 Township of Oak Lawn
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
85869

Registration District No. 2212 Registered No. 158
 (For use of Local Registrar)
 City of (No. 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. Georgia Ann } 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 22, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Andrew Meeker
 (9) PRESENT POSTOFFICE OF FATHER Howland
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farm hand
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Lidia Lebb
 (15) PRESENT POSTOFFICE OF MOTHER Fort Du Ross
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was alive at 11:37 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) W. A. Ross
 (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife

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 Nov. 1916 (28) W. A. Ross Local Registrar.

MARGIN RESERVED FOR BINDING.
 WRITE 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.
 McCav. of Columbia.

*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.