

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Greenville
Township of Greenville

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

File No.—For State Registrar Only
46395

Inc. Town of Registration District No. 2208 Registered No. 41
OR
OR
City of (No. 7 Fineman 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 Opal emille Probst child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 30 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>John W. Bishop</u>	(14) NAME BEFORE MARRIAGE <u>Alice W. Newton</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Greenville Co</u>	(18) BIRTHPLACE <u>Greenville Co</u>			
(13) OCCUPATION	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:10 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) ... A. Eugene Brown
(24) State whether Physician or Midwife (25) Address of Physician or Midwife M. A. Greenville

Given name added from a supplemental report <u>Jane</u> 191 <u>6</u> <u>W. Miller</u> <u>Justy</u> Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Feb 3 1916</u> (28) <u>A. H. Mackey</u> 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 I

*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.

ATTENTION: 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. B. McCaw, of Columbia