

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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		89986	
Township of <u>Greenville</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
or City of <u>Greenville, S.C.</u>		Registration District No. <u>22</u>		Registered No. <u>485</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		No. <u>224 Webster</u> St.; <u>4th</u> Ward		(For use of Local Registrar)	
(2) Full Name of Child <u>William Claude Halbrook</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>DEC. 20th 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Wm. Claude Halbrook</u>			(14) NAME BEFORE MARRIAGE <u>Irwin Lancaster</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>31</u> (Years)			
(12) BIRTHPLACE <u>Cummings Ga.</u>			(18) BIRTHPLACE <u>Piedmont, S.C.</u>		
(13) OCCUPATION <u>Stone Cutter</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>B. Allen</u> at <u>10:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. H. Allen</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Greenville, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) File <u>Dec. 21. 1916</u> (28) <u>C. Smith</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.					