

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 6.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH** File No.—For State Registrar Only
 County of Greenville STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 Township of Greenville State Board of Health

89986

or
 Inc. Town of Registration District No. 22. A ... Registered No. 485
 (For use of Local Registrar)
 or
 City of Greenville, S. C. (No. 224 Webster St.; 4th Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Claude Holbrook (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH DEC. 20th 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Claude Holbrook
 (9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)
 (12) BIRTHPLACE Cummings, Ga.
 (13) OCCUPATION Stone Cutter
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Irene Lancaster
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Years)
 (18) BIRTHPLACE Piedmont, S. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. Alvin at 10:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, S. C.

Given name added from a supplemental report

 _____ 19 _____
 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) File Dec. 21, 1916 (28) [Signature] 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.