

MADE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.
McGraw, of Columbia.

(1) PLACE OF BIRTH
County of Greenville
Township of Highland
or
Inc. Town of _____
or
City of _____
(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
4037

Registration District No. 2211 Registered No. _____
(For use of Local Registrar)
St.; _____ Ward)

(2) Full Name of Child Marion Forester If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 12, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Charles Deac Forester</u>			(14) NAME BEFORE MARRIAGE <u>Mary Sue Will</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greer, S.C. R. #3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greer S.C. R. #3</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>41</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Highland township</u>			(18) BIRTHPLACE <u>Campobello S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. L. Forester

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report _____, 191____

_____, 191____
Registrar

(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed _____ 191____ (28) _____
Local Registrar

*When there was no attending physician or midwife, then the father, householder, or other person should make the return if a child breathes even once, it must not be reported as stillborn. No report is desired of nonbirths before the fifth month of pregnancy.

McGraw, of Columbia.