

Form No. 1.

(1) PLACE OF BIRTH

County of *Greenville*Township of *Greenville*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
64655Registration District No. *2306*Registered No. *94*
(For use of Local Registrar)(2) Full Name of Child *Dorothy J. Townsend*
(If birth occurs in a hospital or other institution give name of same instead of street and number.)
St.; Ward

(3) BOY GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twin or Triplet</small>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 27, 1916</i> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <i>William Eck Townsend</i>		(14) NAME BEFORE MARRIAGE <i>Annie Augustin Davis</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>P. O. L. F. D.</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>P. O. L. F. D.</i>		
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>35</i> <small>(Years)</small>	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>35</i> <small>(Years)</small>	
(12) BIRTHPLACE <i>Greenville S. C.</i>		(18) BIRTHPLACE <i>Greenville S. C.</i>		
(13) OCCUPATION <i>Farmer</i>		(19) OCCUPATION <i>Domestic</i>		
(20) Number of children born to mother, including present birth <i>10th</i>		(21) Number of children of this mother now living, including present birth <i>8</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive*
on the date above stated. (Born alive or stillborn) *1916*
(Month A. M. or P. M.)(23) (Signature) *D. O. Payne*

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

Given name added from a supplement
report*Nov 11, 1916**C. W. Miller*
Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *July 10, 1916*(28) *S. R. Bandy*
Local RegistrarWhen 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.MARGIN RESERVED FOR BINDING.
WHEN FOLIO, WITH UNFOLDING INK—THIS IS A PERMANENT RECORD.
No. 2.—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.