

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Greenville State Board of Health

File No.—For State Registrar Only
46378

Inc. Town of Registration District No. 2209 Registered No. 30
 or (For use of Local Registrar)
 or
 City of Woodlawn Dorchester Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? (4) Twin or Triplet? Yes (5) Number in order of birth 2nd (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 26 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Alton

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Trask Co S.C.

(13) OCCUPATION Clerk in store

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Porter

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Trask Co S.C.

(19) OCCUPATION W. W.

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:10 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Burnett

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

Given name added from a supplemental report

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

(27) Filed 1916 (28) C. H. Mason 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.

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N. E.—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.

McCaw, of Columbia.