

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor  
Inc. Town of "City of 7

(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

81827

Registration District No. 2209Registered No. 496

(For use of Local Registrar)

(No. Car. Stone on X main St.: Ward)(2) Full Name of Child John If child is not yet named, make supplemental report as directed(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 15 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J Lee Poole(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Insurance  
broker(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Wyatt(15) PRESENT POSTOFFICE OF MOTHER Greenville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10.2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. D. Smith

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

Physician Greenville

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Oct 26 191.... (28) A. M. Smith 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.

McC 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.

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 5.

McCaw, of Columbia.