

(1) PLACE OF BIRTH

County of GreenwichTownship of Onealor
Inc. Town ofor
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

64596

Registration District No. 2213Registered No. 39

(For use of Local Registrar)

(2) Full Name of Child Viola Banks

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

to be assigned only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH June 4, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L I Banks(9) PRESENT POSTOFFICE OF FATHER Francis Rest S.C.R. 2(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 35

(Years)

(12) BIRTHPLACE Ganey Co N.C.(13) OCCUPATION Farm work(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Waters(15) PRESENT POSTOFFICE OF MOTHER Francis Rest S.C.R. 2(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE Polk Co N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 25 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician Taylor S.C.R. 1

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 8, 1916(28) Albert W. News 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.

Registrar

Local Registrar

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WHEN PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

W. E. McCaw, of Columbia

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