

MARGIN RESERVED FOR BONDING.

WRITE 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 1.

Form 5-4
Revised 1924
COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Spartanburg
Township of Beckwith
Inc. Town of Greer
City of Greer
(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

No. 42787
Registration District No. 40009
Registered No. 151
(For use of Local Registrar)
(No. 9 St. no Ward)

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 2 1924</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Chas. C. Trinsley</u>			(14) NAME BEFORE MARRIAGE <u>Wm. McDonald</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greer SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greer SC</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Year)	(18) BIRTHPLACE <u>S.C.</u>
(12) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>mill work</u>	(19) OCCUPATION <u>Domestic</u>	(20) Number of children of this mother now living, including present birth <u>three</u>	
(21) Number of children born to mother, including present birth <u>four</u>			(22) Number of children of this mother now living, including present birth <u>three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Mark with X)
(24) (Signature) Wm. McDonald
(25) State whether Physician or Midwife Physician
(26) Address of Physician or Midwife Greer SC

(Given name added from a supplemental report)

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(28) Filed Jan 16 1924 (29) 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.