

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 5.
 McCray of Columbia

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA,
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 or
 Inc. Town of
 or
 City of Greenville Registration District No. 2209 Registered No. 531
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

File No.—For State Registrar Only
85818

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>Yes</u> <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>11. 3. 1911</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>John Langston</u>		(14) NAME BEFORE MARRIAGE <u>Minnie Rogers</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>11-2nd St</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Mill</u>		(19) OCCUPATION <u>housewife</u>		
20) Number of children born to mother, including present birth <u>11</u>		21) Number of children of this mother now living, including present birth <u>9</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
physician Greenville

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

(27) Filed 1911 (28) [Signature] 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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