

WHEN CHILDREN ARE BORN AT HOME, THE FATHER OR MOTHER SHOULD SIGN THIS CERTIFICATE.
 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.

(1) PLACE OF BIRTH

County of Greenville
 Township of Highland
 or
 Inc. Town of Tigerville
 or
 City of _____

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

File No.—Fo. State Registrar Only
85862

Registration District No. 2211 Registered No. 11
 (For use of Local Registrar)
 St.; _____ Ward

(2) Full Name of Child Helen Mc Crary } 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 November 6th 1916
Is to be answered only in event of Twins or Triplets
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joan Mc Crary
 (9) PRESENT POSTOFFICE OF FATHER Tigerville S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 60 (Years)
 (12) BIRTHPLACE Laurens Co -
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 17

MOTHER.
 (14) NAME BEFORE MARRIAGE Thelma Bivins
 (15) PRESENT POSTOFFICE OF MOTHER Tigerville S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Tigerville (Greenville Co)
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 805 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Roe M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Phy. Tigerville

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 11-12 191____ (28) _____ 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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