

THIS IS A PRECUT FORM. WHEN ORDERING, SPECIFY "PRECUT FORMS".
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.
McGraw-Hill, Inc., New York, N. Y.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		85843	
Township of <u>Greenville</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Sampson</u>		Registration District No. <u>2201</u>		Registered No. <u>560</u>	
or				(For use of Local Registrar)	
City of _____		(No. _____)		St.; _____ Ward)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Helena Barton</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 10, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Thomas J. Barton</u>			(14) NAME BEFORE MARRIAGE <u>Effie Huhbert</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Greenville S.C.</u>			(18) BIRTHPLACE <u>Parksville</u>		
(13) OCCUPATION <u>Ty-Less</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth { <u>5</u>			(21) Number of children of this mother now living, including present birth { <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> , at <u>7</u> <u>h.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>John J. H. Huhbert</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
<u>Physician</u> <u>Greenville</u>					
Given name added from a supplemental report _____, 191____			(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)		
_____, 191____ Registrar			(27) Filed <u>Dec 11, 1916</u> (28) <u>A. H. Mackey</u> 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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