

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.

(1) PLACE OF BIRTH
County of Greenville
Township of 9
or
Inc. Town of Port Place
or
City of 2 Mill St.
(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
85833

Registration District No. 2206 Registered No. 550
(For use of Local Registrar)
City of 2 Mill St. 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. Ernest Day } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 22 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 28 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Ernest Day
(9) PRESENT POSTOFFICE OF FATHER Greenville
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Anderson Co.
(13) OCCUPATION Labourer
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Mattie Hammond
(15) PRESENT POSTOFFICE OF MOTHER Greenville
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Ga
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 8:35 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. E. Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

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 Dec 3 1916 (28) A H Mackay 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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