

MARGIN RESERVED FOR BINDING.
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.

(1) PLACE OF BIRTH
County of Greenville
Township of 4
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
64566

Registration District No. 2209 Registered No. 308
(For use of Local Registrar)

(2) Full Name of Child Joseph P. Holland Bagwell
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1
To be answered only in case of Twins or Triplets (6) Are Parent Married? Yes (7) DATE OF BIRTH June 8 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Joseph P Bagwell
(9) PRESENT POSTOFFICE OF FATHER Duncan Mill
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE Laurin Co. S.C.
(13) OCCUPATION Owner Mill
(20) Number of children born to mother, including present birth 7

MOTHER.
(14) NAME BEFORE MARRIAGE Laurie C Zimmerman
(15) PRESENT POSTOFFICE OF MOTHER # 9
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 41 (Years)
(18) BIRTHPLACE Edgfield Co S.C.
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:29 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Waller
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 108 1/2 Buena Vista

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
July 3 1916 (28) C. H. Mackey 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.

FIFTH month of pregnancy.