

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCAS. of Columbia FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of Greenville
 or
 Inc. Town of Registration District No. 2209, Registered No. 301
 or
 City of Green Springs (No. 118 Williams) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.: Ward)

File No.—For State Registrar Only
64560

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6 2 6</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Rutha Belcher</u> (9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u> (10) COLOR OR RACE <u>W</u> (11) AGE AT LAST BIRTHDAY <u>26</u> (Years) (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Mill Operator</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Burgess</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u> (16) COLOR OR RACE <u>W</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Years) (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>H. wife</u> (20) Number of children born to mother, including present birth <u>2</u> (21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born at 3 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville S.C.
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date June 27 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.