

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72987

(1) PLACE OF BIRTH

County of *Greenville*

Township of *Greenville*

or  
Inc. Town of .....

or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *2209*

Registered No. *398*

(For use of Local Registrar)

*St. Jackson* Ward

(2) Full Name of Child .....

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? <i>no</i> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <i>5</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug. 2, 1916</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME *Louis Baxter*

(14) NAME BEFORE MARRIAGE *Messy William*

(9) PRESENT POSTOFFICE OF FATHER *Dier Hill*

(15) PRESENT POSTOFFICE OF MOTHER *Greenville S.C.*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *35*  
(Years)

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *21*  
(Years)

(12) BIRTHPLACE *S.C.*

(18) BIRTHPLACE *Anderson Co S.C.*

(13) OCCUPATION *Laborer - mill work*

(19) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth *2*

(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 *4 a.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Verna S. Steinhorn*

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

*midwife 416 Calhoun*

Given name added from a supplemental report

(26) Witness *A. H. Mackey*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Aug 12 1916* (28) *A. H. Mackey*  
Local Registrar.

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.

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 number the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCav. of Columbia.