

FORM NO. 7. 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.

St. Caw. of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 County of *Greenville* Bureau of Vital Statistics  
 Township of *Glassy Mt* State Board of Health  
 Inc. Town of ..... Registration District No. *2208* Registered No. *27*  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**72976**

(2) Full Name of Child... *Jaw Thaul Bleas Premett* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>—</i> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <i>1st</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug 2 1916</i> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <i>Alp Jaw Premett</i>	(14) NAME BEFORE MARRIAGE <i>Sarah Ida Behre</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Landrum S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Landrum S.C.</i>	(16) COLOR OR RACE <i>White</i>
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>42</i> <small>(Years)</small>	(17) COLOR OR RACE <i>White</i>	(18) AGE AT LAST BIRTHDAY <i>40</i> <small>(Years)</small>	(18) BIRTHPLACE <i>Greenville Co. S.C.</i>
(12) BIRTHPLACE <i>Greenville Co. S.C.</i>	(13) OCCUPATION <i>Farmer.</i>	(19) OCCUPATION <i>Housekeeper.</i>	(20) Number of children born to mother, including present birth <i>9</i>	(21) Number of children of this mother now living, including present birth <i>9</i>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *White* at *5:45* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *R. G. Christopher, M.D.*  
 (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Landrum S.C.*

Given name added from a supplemental report  
**AMENDED P.1**  
 ..... 191.....  
**JAN 12 1978**  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filled *aug 18 1916* (28) *G. V. Phillips* 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.