

Form No. 10  
RECORDING DIVISION, STATE DEPARTMENT OF HEALTH  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1, THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia

(1) PLACE OF BIRTH  
County of Greenville  
Township of .....  
or  
Inc. Town of .....  
or  
City of Greenville  
(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  
**46291**

Registration District No. 22 A Registered No. 24  
(For use of Local Registrar)  
(No. 117 Buckner St.; ..... Ward)  
1

(2) Full Name of Child ..... Addy McCoy { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 31 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Arthur McCoy</u>			(14) NAME BEFORE MARRIAGE <u>Willie Holloway</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S. C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY	(Years)
(12) BIRTHPLACE <u>S. C.</u>	(13) OCCUPATION <u>Janitor</u>	(18) BIRTHPLACE <u>S. C.</u>	(19) OCCUPATION <u>Cook</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

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

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 11 A

(23) (Signature) Rebecca Hill  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville, S. C.

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

(26) Witness Grace Chalmers  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 31 1916 (28) ..... 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.

Registrar

Filed August 31 1942 M.B. Woodward, M.D.  
Registrar.