

## (1) PLACE OF BIRTH

County of *Greenville*Township of *Austin*

OR

Inc. Town of

City of

(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

56013

Registration District No. *220* Registered No. *39*

(For use of Local Registrar)

(2) Full Name of Child *Mary Edna Dye* { If child is not yet named, make supplemental report as directed.

(a) <del>Boy or Girl?</del>	(b) Twin or Triplet?	(c) Number in order of birth	(d) Sex	(e) DATE OF BIRTH <i>April 26 1916</i>
	Take interest only in case of twins or triplets			(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(6) FULL NAME <i>Sam Dye</i>	(14) NAME BEFORE MARRIAGE <i>Edith Mathews</i>	(8) PRESENT POSTOFFICE OF FATHER <i>Simpsonville S.C.</i>	(16) PRESENT POSTOFFICE OF MOTHER <i>Simpsonville S.C.</i>
(10) COLOR OR RACE <i>White</i>	(12) AGE AT LAST BIRTHDAY <i>32</i> (Years)	(18) COLOR OR RACE <i>White</i>	(20) AGE AT LAST BIRTHDAY <i>26</i> (Years)
(12) BIRTHPLACE <i>Greenville Co S.C.</i>	(14) BIRTHPLACE <i>Georgia</i>	(16) OCCUPATION <i>Farmer</i>	(18) OCCUPATION <i>House Work</i>
(18) Number of children born to mother, including present birth { <i>7</i>	(20) Number of children of this mother now living, including present birth { <i>7</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child *born alive* at *1:30 A.M.* on the date above stated. (If child is stillborn) (Specify A. M. or P. M.)(23) (Signature) *John W. Suber*

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

*Physician Simpsonville S.C.*

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *May 5 1916* (28) *J. L. Bickman* 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.

Fifth month of pregnancy.

FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 2.

McCaw, of Columbia.