

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		85831	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Pocumill</u>		Registration District No. <u>2209</u>		Registered No. <u>548</u>	
or				(For use of Local Registrar)	
City of .....		(No. <u>62 Church St.</u> St.; ..... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Catherine Geneva Fair</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parent Married?	(7) DATE OF BIRTH <u>Nov 13</u> 191 <u>4</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Fredrick Russ Fair</u>			(14) NAME BEFORE MARRIAGE <u>Bertha Rodgers</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>27</u> (Years)			
(12) BIRTHPLACE <u>Marion Co.</u>			(18) BIRTHPLACE <u>Darlington Co.</u>		
(13) OCCUPATION <u>Mill work</u>			(19) OCCUPATION <u>Housewife</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 <u>alive</u> , at <u>11 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>A. J. ...</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Greenville</u>					
Given name added from a supplemental report <u>Sept 14, 1914</u>			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
<u>E. H. Mullis</u> Registrar			(27) Filed <u>Dec 3 6</u> 191 <u>4</u> (28) <u>A. H. Mackay</u> 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.

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