

MARGIN RESERVED FOR BINDING.
 FORM NO. 4
 WHITE PLAIN, WITH ENFOLDING 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of	Greenville	STATE OF SOUTH CAROLINA, Bureau of Vital Statistics State Board of Health		77314	
Township of	Greenville				
or Inc. Town of	Danwood	Registration District No.	2209	Registered No.	A 70
or City of		(No. of St.; Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child		Jno. James			
		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL?	Boy	(4) Twin or Triplet?		(5) Number in order of birth	
		Is he answered only in case of twins & triplets		(6) Are Parents Married?	Yes
				(7) DATE OF BIRTH	23 1914
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME	Jno. Taylor	(14) NAME BEFORE MARRIAGE	Thompson		
(9) PRESENT POSTOFFICE OF FATHER	Greenville	(15) PRESENT POSTOFFICE OF MOTHER	Greenville		
(10) COLOR OR RACE	W	(16) COLOR OR RACE	W		
(11) AGE AT LAST BIRTHDAY	38	(17) AGE AT LAST BIRTHDAY	39		
(12) BIRTHPLACE	S. C.	(18) BIRTHPLACE	S. C.		
(13) OCCUPATION	Mill Operator	(19) OCCUPATION	H. Wife		
(20) Number of children born to mother, including present birth	13	(21) Number of children of this mother now living, including present birth	10		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 11 A. M. on the date above stated.					
(23) (Signature)		A. H. Mason			
(24) State whether Physician or Midwife		(25) Address of Physician or Midwife			
Physician		Greenville			
Given name added from a supplemental report		(26) Witness			
191		(Signature of Witness necessary only when question 23 is signed by mark)			
Registrar		(27) Filed 1914 6 A. H. Mason 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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