

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
64569

County of Greenville
 Township Greenville
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2209 Registered No. 311
 (For use of Local Registrar)
39 Sirmey St. North Charleston

(2) Full Name of Child.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>M.</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are <u>Male</u>	(7) DATE OF BIRTH <u>June 17 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ernest L. Kaldner</u>			(14) NAME BEFORE MARRIAGE <u>Marie Lister</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>W.</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>Greenville County S.C.</u>			(18) BIRTHPLACE <u>Greenville County S.C.</u>	
(13) OCCUPATION <u>Wine Merchant</u>			(19) OCCUPATION <u>House Work</u>	
20) Number of children born to mother, including present birth { <u>6</u> }			21) Number of children of this mother now living, including present birth { <u>5</u> }	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:45 P. M., on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) M. B. Busch
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville

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

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 1 1916 (28) A. H. Mackey 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 1 1 1 Local Registrar

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WHEN 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.

WHILE N.B. McCaw, of Columbia.