

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....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

64439

Registration District No. 22.A Registered No. 257

(For use of Local Registrar)

St. 1 Ward

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 15, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Major Weston(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Greenville S. C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth { ..... 10 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Jefferson(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 42 (Years)(18) BIRTHPLACE Greenville, S. C.(19) OCCUPATION Washerwoman(21) Number of children of this mother now living, including present birth { ..... 6 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A, M. or P. M.)(23) (Signature) Mary Williams

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

Midwife Greenville S. C.

Given name added from a supplemental report

(26) Witness Grace Chalmers

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

(27) Filed June 19, 1916 (28) C. Smith 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.

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 N. No. 1 THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia