

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.
N. B.—McGraw-Hill, New York, N. Y.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		43003	
Township of <u>Fairmont</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Simpsonville</u>		State Board of Health			
City of		Registration District No. <u>2206</u>		Registered No. <u>107</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		ST.;		(For use of Local Registrar)	
(2) Full Name of Child <u>Veary Burnside</u>		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>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 25 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jim Burnside</u>			(14) NAME BEFORE MARRIAGE <u>Mrs. Hallmark</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Simpsonville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Laurens Co</u>			(18) BIRTHPLACE <u>Greenville Co</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Laurel Work</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</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>1:30 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Ella H. Harnett</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Laurens Co</u>					
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 <u>Jan 11 1917</u> (28) <u>W. H. Duckitt</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.					
..... Deputy Registrar					
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