

(1) PLACE OF BIRTH

County of Greenville
 Township of Oak Laura
 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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
64589

Registration District No. 2212 Registered No. 35
 (For use of Local Registrar)

(2) Full Name of Child. Ray } 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>4</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 26 1916</u> <small>(None of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME William H. Pitts

(9) PRESENT POSTOFFICE OF FATHER Simpsonville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Manley

(15) PRESENT POSTOFFICE OF MOTHER Simpsonville S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(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 alive at 11 P.M., on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician W. A. Ross
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Plym &c

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 June 1916 (28) W. A. Ross
 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
 McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 MARGIN RESERVE: FOR BINDING.