

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of Greenville
 or
 City of Greenville (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only
72907

Registration District No. 2200 Registered No. 88
 (For use of Local Registrar)

City of Greenville (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Henry M. Draney { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</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 <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 2, 1916</u> <small>(Name, Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Frank Draney</u>	(14) NAME BEFORE MARRIAGE <u>Pala Crumie</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>Black</u>	(16) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)
(12) BIRTHPLACE <u>Greenville Co -</u>	(18) BIRTHPLACE <u>Greenville Co -</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. M. M. Thompson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.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 Aug 5, 1916 (28) L. L. Richardson 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.

MARGIN RESERVED FOR BINDING.

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, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaig, of Columbia.