

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 6.

1. PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>2. Union B.</u>		STATE OF SOUTH CAROLINA		87758	
Township of <u>2. Hager</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>4. 301</u>		Registered No. <u>3. 374</u>	
or				(For use of Local Registrar)	
City of .....		(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 <u>George June</u> If child is not yet named, make supplemental report as directed					
3. BOY OR GIRL <u>Bo. 1</u>	4. Twin or Triplet? <u>-</u>	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>210</u>	7. DATE OF BIRTH <u>Nov. 5, 1916</u>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
8. FULL NAME <u>George June (Marry Kiehl)</u>			14. NAME BEFORE MARRIAGE <u>Agnes June</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>20</u>			17. AGE AT LAST BIRTHDAY <u>18</u>		
12. BIRTHPLACE <u>Union B. S.C.</u>			18. BIRTHPLACE <u>Union B. S.C.</u>		
13. OCCUPATION <u>Laborer</u>			19. OCCUPATION <u>Laborer</u>		
20. Number of children born to mother, including present birth <u>One</u>			21. Number of children of this mother now living, including present birth <u>One</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>5 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Rachael G. Smith</u>		(25) Address of Physician or Midwife <u>Greenville S.C.</u>			
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report		26. Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19 Registrar		27. Filed <u>Nov. 13, 1916</u> 28. <u>E. T. G. H. S. D.</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.