

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.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Inc. Town of Monrovia

or

City of Monrovia

(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

72984

Registration District No. 2209 Registered No. 395

(For use of Local Registrar)

(2) Full Name of Child Johnny Craft { 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>—</u>	(6) Are Parents Married? <u>X</u>	(7) DATE OF BIRTH <u>Aug 16</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Johnny Craft

(9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY X (Years)

(12) BIRTHPLACE X

(13) OCCUPATION Teacher

(20) Number of children born to mother, including present birth { X }

## MOTHER.

(14) NAME BEFORE MARRIAGE Ann Hill

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY X (Years)

(18) BIRTHPLACE X

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth { — }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 2 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alfred B. B.

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

Greenville Greenville St

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 10 1916 (28) A. H. Mackay 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.