

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43157

(1) PLACE OF BIRTH

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

Registration District No. 23.1.3 Registered No. 414
(For use of Local Registrar)

(2) Full Name of Child Thomas Rankin } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 17 1916
To be answered only in case of twins or triplets. (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Thos Rankin
(9) PRESENT POSTOFFICE OF FATHER Wesley
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE Saluda Co
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Bessie
(15) PRESENT POSTOFFICE OF MOTHER Wesley
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Saluda Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A. M. on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)

(23) (Signature) Bella Greene Rankin
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 10 1916 (28) A. R. Brooks 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 LEGIBLY, 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.
Caw. of Columbia