

FORM NO. 3. MARGINS 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 Greenville

Township of "

or Inc. Town of Woodside mill

or City of No 27 - North St

(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

77286

Registration District No. 2207

Registered No. 459

(For use of Local Registrar)

St. Woodside Ward

(2) Full Name of Child not named

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 Aug 30 1916

FATHER.

(8) FULL NAME Joseph Mathis

(9) PRESENT POSTOFFICE OF FATHER Greenville SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Tennessee

(13) OCCUPATION Cotton mill worker

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

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Crawford

(15) PRESENT POSTOFFICE OF MOTHER Greenville SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. D. Smith

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

Physician Greenville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1916 (28) A. H. Mack 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.

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