

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.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

County of Greenville
 Township of "
 or
 Inc. Town of Woodside Mills Registration District No. 2207 Registered No. 459
 or
No 27 - North St. (No. 27 North St. Woodside Ward)
 City of " (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
77286

(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? <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 30 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Joseph Mathis</u>	(14) NAME BEFORE MARRIAGE <u>Gertrude Crawford</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville SC</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Tennessee</u>	(18) BIRTHPLACE <u>SC</u>			
(13) OCCUPATION <u>Cotton mill worker</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>			

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) <u>R. D. Smith</u>	(25) Address of Physician or Midwife <u>Greenville</u>
(24) State whether Physician or Midwife <u>Physician</u>	
Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
....., 191.....	(27) Filed <u>191.....</u> (28) <u>A. H. Mackey</u> Local Registrar
..... 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.

fifth month of pregnancy.

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