

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
64549

Registration District No. 2209 Registered No. 258
 City of 39 Donaldson (For use of Local Registrar)
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>M.</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be reported only in case of Twins or Triplets</small>	(6) Age <u>29</u>	(7) DATE OF BIRTH <u>June 4 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>A. J. Christopher</u>	(14) NAME BEFORE MARRIAGE <u>John Crank</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>W</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Greenville County S.C.</u>	(18) BIRTHPLACE <u>Deer Creek S.C.</u>			
(13) OCCUPATION <u>Miss Work</u>	(19) OCCUPATION <u>House Work</u>			
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child born alive or stillborn on the date above stated.
 (23) (Signature) J. M. ... (Hour 1 A. M., or P. M.)
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

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

(27) Filed June 13 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.

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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.

McCaw