

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Greenville*

STATE OF SOUTH CAROLINA.

File No. — For State Registrar Only
64552

Township of *Greenville*

Bureau of Vital Statistics
State Board of Health

Inc. Town of

Registration District No. *2209*

Registered No. *293*

City of *Sumter*

St. *14 Block*

(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) <input checked="" type="checkbox"/> BOY OR GIRL?	(4) Twin or triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <small>(Name of Month) (Day) (Year)</small>
<i>7</i>			<i>Yes</i>	<i>6 4 16</i>
FATHER.			MOTHER.	
(8) FULL NAME	(11) AGE AT LAST BIRTHDAY <small>(Years)</small>		(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER
<i>John S. Walker</i>	<i>35</i>		<i>Lewis W. Warse</i>	<i>Sumter</i>
(9) PRESENT POSTOFFICE OF FATHER	(12) BIRTHPLACE	(13) OCCUPATION	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY <small>(Years)</small>
<i>14 Block</i>	<i>SC</i>	<i>Mill</i>	<i>W</i>	<i>25</i>
(10) COLOR OR RACE	(18) BIRTHPLACE	(19) OCCUPATION	(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth
<i>W</i>	<i>SC</i>	<i>Mill</i>	<i>3</i>	<i>3</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *Sumter* on the date above stated. (Hour A. M. or P. M.) *4:45 P. M.*

(23) (Signature) *John S. Walker*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Greenville*

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) *June 16 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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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.
Caw. of Columbia.
McCaw