

(1) PLACE OF BIRTH

County of Greenville
 Township of Clay
 or
 Inc. Town of
 or
 City of

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

File No. — For State Registrar Only
56079

Registration District No. 7-2-15 Registered No. 1-7
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parent Married? Yes (7) DATE OF BIRTH April 15 1916
 (To be reported only in case of Twin or Triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rufus Phumley
 (9) PRESENT POSTOFFICE OF FATHER Tigerville S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Greenville Co S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Emery
 (15) PRESENT POSTOFFICE OF MOTHER Tigerville
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Greenville Co S.C.
 (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 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Emery

(24) State whether Physician or Midwife: midwife (25) Address of Physician or Midwife: Tigerville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by marks)

(27) Filed April 1916 (28) L. V. Phillips 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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MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

M. R.—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.

Clav. of Columbia.