

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, add number FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.
McGraw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville
Township of Indeson
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

34647

Registration District No. 7-2098

Registered No. 455
(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 Margaret Mary Merrill child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin? or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept. 22, 1911
(Name) (Month) (Day) (Year)

(8) FULL NAME OF FATHER C. G. Merrill

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Textile

(20) Number of children born to mother, including present birth 4

(14) NAME BEFORE MARRIAGE Mary Heath

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 am on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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Registrar

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

(27) Sept 1 1911 (28) A. J. 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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