

WHITE 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		File No.—For State Registrar Only	
County of GREENVILLE		STATE OF SOUTH CAROLINA		90126	
Township of Greenville		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of.....		Registration District No. 2209		Registered No. 611	
or				(For use of Local Registrar)	
City of SAN SOUCI		(No. St.; Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child JOHN TAYLOR STENHOUSE				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? BOY	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? YES	(7) DATE OF BIRTH DEC. 15th 16	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME Wm. A. STENHOUSE			(14) NAME BEFORE MARRIAGE BESSIE HARRIS		
(9) PRESENT POSTOFFICE OF FATHER GREENVILLE, S.C. R.F.D.			(15) PRESENT POSTOFFICE OF MOTHER GREENVILLE, S.C. R.F.D.		
(10) COLOR OR RACE WHITE	(11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR OR RACE WHITE	(17) AGE AT LAST BIRTHDAY 31 (Years)		
(12) BIRTHPLACE NORTH CAROLINA		(18) BIRTHPLACE NORTH CAROLINA			
(13) OCCUPATION MGR. STORE		(19) OCCUPATION HOUSEWIFE			
(20) Number of children born to mother, including present birth 4		(21) Number of children of this mother now living, including present birth 3			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) J. L. Anderson			(25) Address of Physician or Midwife GREENVILLE, S.C.		
(24) State whether Physician or Midwife PHYSICIAN					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed Jan 6 1917 (28) Local Registrar A. H. Mason		
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.					