

FORM NO 6 MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 No. of Twin or Triplet in question 5.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of *Greenville* STATE OF SOUTH CAROLINA,
 Bureau of Vital Statistics
 Township of *Greenville* State Board of Health
 or
 Inc. Town of *Greenville* Registration District No. *491* Registered No. *491*
 or
 City of *Greenville* 400 Fullwood St. (Use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
85715

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

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Y</i>	(7) DATE OF BIRTH <i>10 25 1916</i>
FATHER.			MOTHER.	
(8) FULL NAME <i>Harry James</i>	(14) NAME BEFORE MARRIAGE <i>Barrie Boyd</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>400 Fullwood</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>same</i>			
(10) COLOR OR RACE <i>col</i>	(11) AGE AT LAST BIRTHDAY <i>24</i>	(16) COLOR OR RACE <i>col</i>	(17) AGE AT LAST BIRTHDAY <i>23</i>	
(12) BIRTHPLACE* <i>P. C.</i>	(18) BIRTHPLACE			
(13) OCCUPATION <i>laborer</i>	(19) OCCUPATION <i>washwoman</i>			
(20) Number of children born to mother, including present birth <i>5</i>	(21) Number of children of this mother now living, including present birth <i>2</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was *born alive* at *3 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) *J. J. Smith*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Greenville*

Given name added from a supplemental report 191.....
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark.)
 (27) Filed *Dec. 19, 1916* (28) *Charice Smith* Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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K O D A K