

WHITE PLACING WITH UNFOLDING 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.     |  | 85872                             |          |
| Township of  | Oneal                     | Bureau of Vital Statistics   |  |                                   |          |
| or   |                           | State Board of Health        |  |                                   |          |
| Inc. Town of   |                           | Registration District No.    | 2213   | Registered No.                    | 757      |
| City of  |                           | (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. Robert Dennis Pooley   |                           |                              |  |                                   |          |
| If child is not yet named, make supplemental report as directed  |                           |                              |  |                                   |          |
| (3) BOY OR GIRL  | (4) Twin or Triplet?      | (5) Number in order of birth | (6) Are Parents Married?   | (7) DATE OF BIRTH                 |          |
| GIRL   | ✓                         | 1st                          | Yes  | Oct. 27th                         |          |
| Is to be answered only in case of twins & triplets   |                           |                              |  |                                   |          |
| FATHER.  |                           |                              | MOTHER.  |                                   |          |
| (8) FULL NAME  | Henry Ross Pooley         |                              | (14) NAME BEFORE MARRIAGE  | Marrietta Pooley                  |          |
| (9) PRESENT POSTOFFICE OF FATHER   | Greenville S.C.           |                              | (15) PRESENT POSTOFFICE OF MOTHER  | Greenville S.C.                   |          |
| (10) COLOR OR RACE   | (11) AGE AT LAST BIRTHDAY | white 34                     | (16) COLOR OR RACE   | (17) AGE AT LAST BIRTHDAY         | white 28 |
| (12) BIRTHPLACE  | Oneal, S.C.               |                              | (18) BIRTHPLACE  | Greenville                        |          |
| (13) OCCUPATION  | Farmer                    |                              | (19) OCCUPATION  | Domestic                          |          |
| (20) Number of children born to mother, including present birth  | One                       |                              | (21) Number of children of this mother now living, including present birth | One                               |          |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*   |                           |                              |  |                                   |          |
| (22) I hereby certify that I attended the birth of this child, who was (born alive or stillborn) on the date above stated. |                           |                              |  |                                   |          |
| (23) (Signature) W. D. Pooley  |                           |                              |  |                                   |          |
| (24) State whether Physician or Midwife (25) Address of Physician or Midwife   |                           |                              |  |                                   |          |
| Physician Greer S.C.   |                           |                              |  |                                   |          |
| Given name added from a supplemental report  |                           |                              |  |                                   |          |
| (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)                                      |                           |                              |  |                                   |          |
| (27) Filed (28) 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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