

WRITE 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 2.  
 of Columbia  
 N. 1  
 McCaw

(1) PLACE OF BIRTH County of <u>Greenville</u> Township of <u>Greenville</u> Inc. Town of _____ City of _____ (if birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <u>43020</u>
Registration District No. <u>2209</u> Registered No. <u>1</u> (For use of Local Registrar)		(2) Full Name of Child <u>Lula B. Le Vane</u> If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <u>girl</u> (4) Twin or triplet? _____ (5) Number in order of birth _____ <small>To be answered only in case of Twins or Triplets</small>	(6) Age <u>20</u> Married? _____	(7) DATE BIRTH <u>Aug. 7</u> 19 <u>15</u> (Name of Month) (Day) (Year)		
<b>FATHER.</b> (8) FULL NAME <u>Bill Le Vane</u> (9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u> (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>19</u> (12) BIRTHPLACE <u>Greenville S.C.</u> (13) OCCUPATION <u>House Painter</u> (14) Number of children born to mother, including present birth <u>1</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Hannie Gilliam</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u> (16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>18</u> (18) BIRTHPLACE <u>Greenville S.C.</u> (19) OCCUPATION <u>Washes on R. &amp; N. train</u> (20) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Hannie X. Gilliam</u> (24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>Greenville</u>				
Given name added from a supplemental report _____ 191_____ _____ Registrar		(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Jan 4</u> 191 <u>6</u> (28) <u>A. T. H.</u> 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. *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.				