

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.
 State of Columbia
 N. 1
 McCaw

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 or
 Inc. Town of Registration District No. 2209 Registered No. 1
 or
 City of White Horse Road (For use of Local Registrar)
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.) (Ward)

File No.—For State Registrar Only
43020

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

(3) BOY OR GIRL girl (4) Twin or triplet? (5) Number in order of birth (6) Age at Birth 20 (7) DATE BIRTH Aug. 7 1915
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bill De Vane

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

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19 (Year)

(12) BIRTHPLACE Greenville S.C.

(13) OCCUPATION Home Porter

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Gilliam

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

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Year)

(18) BIRTHPLACE Greenville S.C.

(19) OCCUPATION Washes on R. & runs farm

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Anna X. Gilliam

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Greenville

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 Jan 4 1916 (28) A. J. B. 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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