

FORM NO. 4

MARGIN RESERVED FOR BINDING.

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 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of *Greenville*  
 Township of *Greenville*  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *2209* Registered No. *426*  
 (For use of Local Registrar)

(N. E. Fourth St. No. 2209) (Ward)

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

File No.—For State Registrar Only  
**73011**

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

(3) BOY OR GIRL? <input checked="" type="checkbox"/> BOY	(4) Twin or Triplet? <input type="checkbox"/>	(5) Number in order of birth	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <i>May 11</i> (Name of Month) (Day) (Year)
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*To be answered only in event of twins or triplets*

**FATHER.**

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth { *1* }

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Effie Tate*

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

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years) *23*

(18) BIRTHPLACE *Greenville Co. S.C.*

(19) OCCUPATION *House Work*

(21) 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 *born alive* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W. M. Burnette*

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

Given name added from a supplemental report

....., 191....

....., 191....

Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Sept 8 1916* (28) *A. H. Mackey* 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.