

FORM NO. 8 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.

McGraw, of Columbia.

(1) PLACE OF BIRTH
County of Greenville
Township of Greenville
OR
Inc. Town of Greenville
OR
City of Greenville (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 2209 Registered No. 537
(For use of Local Registrar)
St.; Ward)
(No. 1-3-2nd)

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

File No.—For State Registrar Only
85816

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10. 29. 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Water Conrad League
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
1-3-2nd
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Greenville S.C.
Piedmont (Co)
(13) OCCUPATION mill operator

MOTHER.
(14) NAME BEFORE MARRIAGE Eva Couch
(15) PRESENT POSTOFFICE OF MOTHER Greenville
1-3-2nd
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Piedmont
Anderson Co. S.C.
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth { 3 } (21) Number of children of this mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Girl at 2:25 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. J. Hill (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Nov 19 1916 (27) 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.

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