

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 Registration District No. 2209
 or
 City of R.R. No. 1
 (If birth occurs in a hospital or other institution, give name of same ins)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

77323

(2) Full Name of Child Posey Clinton Huff

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age Parents Married <u>490</u>	(7)
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To be answered only in case of twins or triplets

FATHER.

(8) FULL NAME C. Clinton C. Huff
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C. R.R. No. 1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE Prickens, S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth { 1

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White(18) BIRTHPLACE P.C.(19) OCCUPATION House

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. Balow at on the date above stated. (Born alive or stillborn)(23) (Signature) C. J. Balow(24) State whether Physician or Midwife (25) Address of Physician Greenville

Given name added from a supplemental report

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Registrar

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

(27) Filed Oct 6 1916 (28) A.H.

*When there was no attending physician or midwife, then the father, householder, etc., should make a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths fifth month of pregnancy.