

McCaw, of Columbia.  
FIRST-BORN N. No. 1. THE OTHER, No. 2. etc., in question 8.

(1) PLACE OF BIRTH		COUNTY OF <u>Greenville</u>		TOWNSHIP OF <u>Greenville</u>		INC. TOWN OF <u>Greenville</u>		CITY OF <u>Greenville</u>		STATE OF <u>South Carolina</u>		CITY OF <u>Greenville</u>	
<b>CERTIFICATE OF BIRTH</b>												FILE NO. <u>56018</u>	
DEPARTMENT OF VITAL STATISTICS												STATE BOARD OF HEALTH	
REGISTRATION DISTRICT NO. <u>2200</u>												REGISTERED NO. <u>45</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)												If child is not yet named, make supplemental report as directed.	
(2) Full Name of Child <u>Wilson Striber</u>													
(3) BOY OR GIRL? <u>Boy</u>		(4) Twin or Triplet?		(5) Number in order of birth		(6) Are Parents Married? <u>Yes</u>		(7) DATE OF BIRTH <u>Apr 22 1906</u>		(8) MONTH OF BIRTH <u>April</u>		(9) YEAR OF BIRTH <u>1906</u>	
FATHER.												MOTHER.	
(10) FULL NAME <u>L. H. Striber</u>		(11) NAME BEFORE MARRIAGE <u>Lina J. Striber</u>		(12) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>		(13) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>		(14) COLOR OR RACE <u>White</u>		(15) AGE AT LAST BIRTHDAY <u>36</u>		(16) BIRTHPLACE <u>Greenville S.C.</u>	
(17) OCCUPATION <u>Farmer</u>		(18) OCCUPATION <u>House worker</u>		(19) Number of children born to mother, including present birth <u>7</u>		(20) Number of children of this mother now living, including present birth <u>7</u>							
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>													
(21) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>about 8 A.M.</u> on the date above stated.													
(22) (Signature) <u>M. D. Smith</u>													
(23) State whether Physician or Midwife <u>Physician</u>													
(24) Address of Physician or Midwife <u>Greenville</u>													
Given name added from a supplemental report													
(25) Witness <u>L. L. Richardson</u>													
(26) Filed <u>May 6 1906</u> (27) 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.