

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4-1-1

Inc. Town of Greenville Registration District No. 4 Registered No. 59
 or Greenville (For use of Local Registrar)
 City of Greenville (No. 225 Webster St. St.; 4th Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Margaret Evelyn Causby If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parent Married? Yes (7) DATE OF BIRTH July 25 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. Lee Causby
 (9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE McDowell Co., N.C.
 (13) OCCUPATION Barber

MOTHER.

(14) NAME BEFORE MARRIAGE Lucie Davis
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Greenville, S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth One

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. Pack
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Greenville, S.C.

Given name added from a supplemental report

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

(27) Filed Feb. 26 1916 (28) C. Smith 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.

fifth month of pregnancy.

RECEIVED
 WHEN PLAINLY, WITH UNFADING INK, IN 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