

(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

46377

Inc. Town of Registration District No. 2209 Registered No. 229
(For use of Local Registrar)
City of Woodlawn St. Woodlawn Ward Woodlawn
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 1st(6) Are Father Married? Yes(7) DATE OF BIRTH Jan. 26, 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Frank Alton(14) NAME BEFORE MARRIAGE Annie Porter(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 28
(Years)(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Pickens Co S.C.(18) BIRTHPLACE Pickens Co S.C.(13) OCCUPATION Clerk in Store(19) OCCUPATION N.E.(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 a M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. M. Burnett(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

191

(28)

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.

*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.

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

M.C.