

WRITE PLAINLY, WITH INK ANDING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 McCaw of Columbia.

(1) PLACE OF BIRTH  
 County of Greenville STATE OF SOUTH CAROLINA.  
 Township of Greenville Bureau of Vital Statistics  
 or State Board of Health  
 Inc. Town of \_\_\_\_\_ Registration District No. 2209 Registered No. \_\_\_\_\_  
 or \_\_\_\_\_ (For use of Local Registrar)  
 City of Deep Water No. 58 \_\_\_\_\_ St.; \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
48325

(2) Full Name of Child \_\_\_\_\_ } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>2-6-6</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>James Kimmover</u>	(14) NAME BEFORE MARRIAGE _____			
(9) PRESENT POSTOFFICE OF FATHER <u>58 Allens</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>			
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>73</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Cotton Mill worker</u>	(19) OCCUPATION <u>Teacher</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (22) I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ (Born alive or stillborn) \_\_\_\_\_ at \_\_\_\_\_ (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb 6 1916 (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.

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