

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.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA,  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
 77302

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Mill Mill (No. 61 St. Or Ward \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2209 Registered No. 454  
 (For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Y (7) DATE OF BIRTH 9 9 1914  
(To be answered only in case of twins or triplets) (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Sw. Shirley  
 (9) PRESENT POSTOFFICE OF FATHER 61 Orr Greenville N.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 63 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Colony Mill  
 (20) Number of children born to mother, including present birth 13

**MOTHER.**

(14) NAME BEFORE MARRIAGE Effie Howard  
 (15) PRESENT POSTOFFICE OF MOTHER same  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 42 (Years)  
 (18) BIRTHPLACE N.C.  
 (19) OCCUPATION Colony Mill  
 (21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Female at 3-30 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

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

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
[Signature]  
 (27) Filed Dec 20 1914 (28) A. J. M. [Signature] 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.