

(1) PLACE OF BIRTH

County of GreenvilleTownship of Austin

OR

Inc. Town of

OR

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72901

Registration District No. 2200Registered No. 77

(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?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) Aug. 8, 1914

FATHER.

(8) FULL NAME Dr. J. L. Triley(9) PRESENT POSTOFFICE OF FATHER Simpsonville(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 39

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Cotton mill work.

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

{ 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Basie Leland(15) PRESENT POSTOFFICE OF MOTHER Simpsonville(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 35

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housekeeping

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

{ 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) L. L. Richardson M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 1914

Registrar

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

(27) Filed Sept. 8, 1914 (28) L. L. Richardson 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.

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.

Cav. of Columbia.