

FORM NO. 1
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.
McCaw, of Columbia.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
72924

County of Greenville

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Barnes

Inc. Town of OR Registration District No. 2201 Registered No. 53

City of (No.) St.; Ward) (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? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of twins or triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 25, 1916</u>
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FATHER.

(8) FULL NAME Ben Stroud

(9) PRESENT POSTOFFICE OF FATHER Marion S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Fanner

(20) Number of children born to mother, including present birth { 6 }

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Pace

(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 6 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. C. Stroud
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marion 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)
(27) Filed Aug. 25, 1916 (28) E. C. Stroud 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.