

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
85829

(1) PLACE OF BIRTH
County of Greenville
Township of
or
Inc. Town of Poe Mill
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2209 Registered No. 546
(For use of Local Registrar)
(No. 152 B. Street St.; Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 4, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>William F. Cleveland</u>	(14) NAME BEFORE MARRIAGE <u>Minnie L. Wright</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Oconee Co.</u>	(18) BIRTHPLACE <u>Piedmont</u>	(13) OCCUPATION <u>Mill Work.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>8</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at 1:07 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. Eugene Brown
(24) State whether Physician or Midwife MD (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)
Dec 3 1916 (27) Filed (28) Local Registrar A. H. Mackey

*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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