

FORM NO. 5. MAINLY REMOVED FOR BINDING. 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 6.

McCaw, of Columbia.

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH *Greenville* STATE OF SOUTH CAROLINA.
 County of *Greenville* Bureau of Vital Statistics
 Township of *"* State Board of Health

File No.—For State Registrar Only
43104

Inc. Town of *"* Registration District No. *73a* Registered No. *131*
 or (For use of Local Registrar)
 or
 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 *Mildred McGeer* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1st</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Nov. 21st 1915</i> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <i>L. Coy McGeer</i>		(14) NAME BEFORE MARRIAGE <i>Mary Helen Brooks</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Greenville S.C.</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>Greenville S.C.</i>		
(10) COLOR OR RACE <i>W</i>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <i>W</i>	(17) AGE AT LAST BIRTHDAY (Years) <i>29</i>	
(12) BIRTHPLACE <i>S.C.</i>		(18) BIRTHPLACE <i>S.C.</i>		
(13) OCCUPATION <i>Operating Laundry</i>		(19) OCCUPATION <i>Domestic</i>		
(20) Number of children born to mother, including present birth <i>1st</i>		(21) Number of children of this mother now living, including present birth <i>1st</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *7:22 P.* M., on the date above stated. *born* or stillborn Hour A. M. or P. M.

(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____

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

(27) Filed *Dec 17 1915* (28) *W. A. Williams* 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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