

FORM NO. 6 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
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Greenville **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 File No.—For State Registrar Only
 85814
 Township of Judson Mill
 or
 Inc. Town of Judson Mill Registration District No. 220 Registered No. 532
 or
 City of #29 1/2th Avenue (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward

(2) Full Name of Child James Russell Brindstaff If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1</u>	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Oct 28 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>William Brindstaff</u>		(14) NAME BEFORE MARRIAGE <u>Miss Minnie Landreth</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Haywood Co. N.C.</u>		(18) BIRTHPLACE <u>Bushy Creek S.C.</u>		
(13) OCCUPATION <u>Mill Man</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>four (4)</u>		(21) Number of children of this mother now living, including present birth <u>three (3)</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive at 11-45 P. M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)
 (23) (Signature) Dr. C. Leabetter M.D.
 (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)
..... Registrar	(27) Filed <u>Nov 15 1916</u> (28) <u>a J McCaw</u> 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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