

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.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 or
 Inc. Town of Greenville
 or
 City of Greenville (No. 93 Missis St.; Ward)
 (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
22375

(2) Full Name of Child Ethel Guyness Hulingsmith (child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 6 15 27
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Don Hulingsmith
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 41 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Textile work
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Myrtle Kirby
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Homemaker
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was... born ... at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Aug. 2nd 27 19 27 (28) A. H. Mackley 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.

Before the fifth month of pregnancy.

MCGRAW HILL BOOK COMPANY, COLUMBIA, S. C.