

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. 64553 For State Registrar Only

Inc. TOWN of Registration District No. 2209 Registered No. 794
or (For use of Local Registrar)
City of Simon Hill No. 38 Block 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? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parent Married? Y (7) DATE OF BIRTH Jan. 6, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

(8) FULL NAME FATHER Willie C. Pettit

MOTHER Essie Chopman

(9) PRESENT POSTOFFICE OF FATHER B8 Block

(15) PRESENT POSTOFFICE OF MOTHER same

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31 (Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE N.C.

(18) BIRTHPLACE D.C.

(13) OCCUPATION Mill

(19) OCCUPATION house

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Hale

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville

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 June 16, 1916 (28) A. H. M. ... 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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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.
Greenville, S. C.

W. N. McCaw