

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.  
 McCaw, of Columbia

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston (No. 1 Ackerman Ct)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. .... Registered No. 7  
 (For use of Local Registrar)  
 State of South Carolina  
 Bureau of Vital Statistics  
 State Board of Health  
 File No.—For State Registrar Only  
45614

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1 / 1</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>George M Greyson</u>			(14) NAME BEFORE MARRIAGE <u>Miss Martha Beulah</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>	
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>41</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Colleton Co.</u>			(18) BIRTHPLACE <u>Colleton County</u>	
(13) OCCUPATION <u>Carpenter</u>			(19) OCCUPATION <u>Domestic (housekeeper)</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 12:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lou M. McNeill

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anger Hospital

(26) Witness (Signature of witness necessary only when question 23 is signed by mark) \_\_\_\_\_

(27) Filed 1/5 1911 (28) J. M. McNeill, M.D. Local Registrar

Given name added from a supplemental report \_\_\_\_\_, 1911  
 \_\_\_\_\_ 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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