

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
McCauley of Columbia.

(1) PLACE OF BIRTH

County of Greenville

Township of Orphan

OR
Inc. Town of
or

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. 2212 St. 6 Ward 1)

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

(3) BOY OR GIRL? OR (4) Twin or Triplet? 3 (5) Number in order of birth 3 (6) Are Parents Married? 32 (7) DATE Dec, 2, 1916
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jan Smith

(9) PRESENT POSTOFFICE OF FATHER Simpsonville

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm hand

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Dillard

(15) PRESENT POSTOFFICE OF MOTHER Simpsonville

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(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 at 8 P. M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lettie Dillard

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Martha Dillard

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 1916 (28) W. R. Ross 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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