

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....City of Greenville

(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

90004

Registration District No. 22 A Registered No. 515

(For use of Local Registrar)

(No. 115 Hospital Greenville St. 5 Ward)(2) Full Name of Child Llyan Edwin Massey { 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>X</u>	(6) Are Parents Married? <u>X</u>	(7) DATE OF BIRTH <u>Dec 1</u> 19 <u>16</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Llyan Edwin Massey(9) PRESENT POSTOFFICE OF FATHER Greenville SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Georgia(13) OCCUPATION Manufacturing tile(20) Number of children born to mother, including present birth { One

## MOTHER.

(14) NAME BEFORE MARRIAGE Sara Lydia Wix(15) PRESENT POSTOFFICE OF MOTHER Greenville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Georgia(19) OCCUPATION Home(21) Number of children of this mother now living, including present birth { One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was B. Allen at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) J. P. Carr

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

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 Jan. 10. 1917. (28) C. E. Smith 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.