

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 Jano Bay
Inc. or Town of 2
City of 2
(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
85650

Registration District No. 2014 Registered No. 63
(For use of Local Registrar)
St.; Ward)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 11 14 1916
(Name of Month) (Day) (Year)
To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Carleton Coward
(9) PRESENT POSTOFFICE OF FATHER Bannockburn R. 7.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Mildred M. Taylor
(15) PRESENT POSTOFFICE OF MOTHER Bannockburn R. 7.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 15 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2300 M., (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Harry G. Schow
(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Greenville S.C.

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 Dec 1 1916 (28) Dr. Keel 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.