

(1) PLACE OF BIRTH

County of Greenville  
 or  
 Township of Greenville  
 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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

85849

Registration District No. 2209

Registered No. 567

(For use of Local Registrar)

(No. 1267 Woodside St., Ward)

(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? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 15 16  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. B. Wilbanks

(9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Textile

MOTHER.

(14) NAME BEFORE MARRIAGE May McHan

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Georgia

(19) OCCUPATION Housework

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. D. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

physician

Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 11 16

(28)

A. H. MacKay

Registrar

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.

MADE IN THE OFFICE OF THE REGISTRAR, COLUMBIA, S. C.