

WRI

N. E.

McCaw

NOTE—In case of twins or triplets use a SEPARATE BLANK for each child, and insert the FIRST-BORN No. 1. THE OTHER No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Greenville
Township of Greenville
City of Greenville
City of Greenville

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

File No.—For State Registrar Only
43080

Registration District No. 2215 Registered No. Y 3
(For use of Local Registrar)

(2) Full Name of Child William A. B. B. B.

(3) BOY OR GIRL? Boy (4) Date of Birth July 11, 1914
(5) Number in Family 7 (6) Sex of Child Male

St. (For use of Local Registrar)
Ward (For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(7) DATE OF BIRTH July 11, 1914
(8) MONTH July (9) YEAR 1914

FATHER

(10) PRESENT RESIDENCE Greenville, S. C.
(11) COLOR White (12) AGE AT LAST BIRTHDAY 37
(13) BIRTHPLACE Greenville, S. C.

MOTHER

(14) NAME BEFORE MARRIAGE W. A. B. B. B.
(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
(18) BIRTHPLACE Greenville, S. C.
(19) OCCUPATION Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born at Greenville, S. C. on the date above stated.

(21) Signature W. A. B. B. B. (22) State whether Physician or Midwife Physician
(23) Address of Physician or Midwife Greenville, S. C.

Given name added from a supplemental report

(24) Witness W. A. B. B. B.
(25) Local Registrar W. A. B. B. B.

*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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