

Form No. 1.

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor
Inc. Town ofor
City of(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 2209 Registered No. 60
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR
GIRL? Boy(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of twins or triplets(6) Are
Parents
Married?(7) DATE OF
BIRTH Jan 20 1906
(Name of Month) (Day) (Year)If child is not yet named, make
supplemental report as directed

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE white(11) AGE AT LAST
BIRTHDAY 26
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
mother, including present birth(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE white(17) AGE AT LAST
BIRTHDAY 14
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 female, at 18 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

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

Given name added from a supplement
report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed

(28) 21 Mar 1906
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.WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 5.
McCaw, of Columbia