

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of 4or
Inc. Town ofor
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

10295

Registration District No. 2209Registered No. 02

(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH 2 25 6

(Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME Will Wynn(9) PRESENT POSTOFFICE OF FATHER Hausenheim(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Pickens Co. S.C.(13) OCCUPATION Wmn. Cotton Mill(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mable C. Roberts(15) PRESENT POSTOFFICE OF MOTHER # 9(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Roberts Co. S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. Wallace

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 108 W. 11th St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1916

(28)

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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.