

(1) PLACE OF BIRTH

County of Greenville
Township of Cneal

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

0013

Inc. Town of Registration District No. 2213 Registered No. 91
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 29, 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Homer E. Barbara
(9) PRESENT POSTOFFICE OF FATHER Taylor R. P. D. 2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Greenville County, S.C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Livia Mae Shaw
(15) PRESENT POSTOFFICE OF MOTHER Taylor R. P. D. 2
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Lawrence County, S.C.
(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth } 1
(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 at 8-40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. McDaniel
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Taylor, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 8, 1917 (28) Albert W. Nevers 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.

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McCraw of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. SEPARATE BLANK for each child, and mark the