

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Greenville
Township of Butler
or
Inc. Town of.....
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2207 Registered No. 72
(For use of Local Registrar)

File No.—For State Registrar Only
90049

(2) Full Name of Child John Boris Stenhouse child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 15 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Edgar Stenhouse

(9) PRESENT POSTOFFICE OF FATHER Greenville R#2

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Errie Pearson

(15) PRESENT POSTOFFICE OF MOTHER Greenville R#2

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Errie Stenhouse

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Greenville R#2

Given name added from a supplemental report

..... 19.....
Registrar

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

(27) Filed Jan 10 1917. (28) W. White 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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