

Form No. 1

**CERTIFICATE OF BIRTH**

County of Greenville STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
Township of Grove State Board of Health

File No.—For State Registrar Only  
**16398**

Inc. Town of ..... Registration District No. 2210 Registered No. 8  
(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 William C. Carleton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 7 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Lewis Carleton  
(9) PRESENT POSTOFFICE OF FATHER Piedmont  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Willie Moore  
(15) PRESENT POSTOFFICE OF MOTHER Piedmont  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housework  
(21) 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 12:30 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose Smith  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness Lewis Carleton  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 10 1916 (28) S. A. Minus  
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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