

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Hammock

Inc. Town of .....

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

55902

Registration District No. 2016 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child .....

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u> <small>To be answered only in case of Twin or Triplet</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 14 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME M. M. Poston(9) PRESENT POSTOFFICE OF FATHER Hynum SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Hynum(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Missouri M. Poston(15) PRESENT POSTOFFICE OF MOTHER Hynum SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Hynum SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... on the date above stated.  
(Born alive or stillborn) (Hour) (M or P. M.)(23) (Signature) W. H. Poston  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia

Given name added from a supplemental report

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

(27) Filed ..... (28) 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.

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.

McGraw, of Columbia.