

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....or  
City of Greenville

(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  
64459Registration District No. 22 A Registered No. 277

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 28</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	------------------------------------------------------------------------------------------	------------------------------	-------------------------------------	----------------------------------------------------------------------------------------------

FATHER.		MOTHER.	
(8) FULL NAME <u>X. N. Shatt</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, SC</u>	(14) NAME BEFORE MARRIAGE <u>Carrie Washington</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Greenville, SC</u>	(13) OCCUPATION <u>Salesman</u>	(18) BIRTHPLACE <u>Washington, DC</u>	(19) OCCUPATION <u>Teacher</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name added from a supplemental report  
..... 191.....  
.....  
Registrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 2, 1916 (28) C. Smith 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.

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.

McCay, of Columbia.