

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

66258

(1) PLACE OF BIRTH

County of *Greenville*

Township of *Greenville*

Inc. Town of *Greenville*

City of *Greenville*

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

Registration District No. *4005*

Registered No. *35*
(For use of Local Registrar)

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 *Mary Laura Peake*

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet? *No*

(5) Number in order of birth *1*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *June 4 1916*
(Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME *Paul Peake*

(9) PRESENT POSTOFFICE OF FATHER *Pauline*

(10) COLOR OR RACE *Black*

(11) AGE AT LAST BIRTHDAY *35*
(Years)

(12) BIRTHPLACE *E. C.*

(13) OCCUPATION *Farmer*

MOTHER.

(14) NAME BEFORE MARRIAGE *Daisy Rhodes*

(15) PRESENT POSTOFFICE OF MOTHER *Pauline*

(16) COLOR OR RACE *Black*

(17) AGE AT LAST BIRTHDAY *22*
(Years)

(18) BIRTHPLACE *P. O.*

(19) OCCUPATION *Domestic*

(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 *born* at *Pauline* (Born alive or stillborn) (Home A. M. or P. M.) on the date above stated.

(23) (Signature) *D. J. Peake M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Greenville, S. C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *June 12 1916*

(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.

Local Registrar

WHEN NO. 1. IN CASE OF TWINS OR TRIPLETS USE A SUPPLEMENTARY BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

McNaw, of Columbia

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