

M.CAW. of Columbia  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.  
 CHILDREN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of W. Bates  
 or  
 Inc. Town of .....  
 or  
 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  
**64478**

Registration District No. 2201 Registered No. 28  
 (For use of Local Registrar)

(2) Full Name of Child. G. A. Francis { 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 case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>
		(7) DATE OF BIRTH <u>June 4, 1916</u> <small>(Name of Month) (Day) (Year)</small>	

<p style="text-align: center;"><b>FATHER.</b></p> <p>(8) FULL NAME <u>Cleveland Ohio</u></p> <p>(9) PRESENT POSTOFFICE OF FATHER <u>Marionette SC</u></p> <p>(10) COLOR OR RACE <u>White</u></p> <p>(11) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small></p> <p>(12) BIRTHPLACE <u>SC</u></p> <p>(13) OCCUPATION <u>Farmer</u></p> <p>(20) Number of children born to mother, including present birth <u>2</u></p>	<p style="text-align: center;"><b>MOTHER.</b></p> <p>(14) NAME BEFORE MARRIAGE <u>Laura Sumner</u></p> <p>(15) PRESENT POSTOFFICE OF MOTHER <u>Marionette SC</u></p> <p>(16) COLOR OR RACE <u>White</u></p> <p>(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small></p> <p>(18) BIRTHPLACE <u>S.C.</u></p> <p>(19) OCCUPATION <u>Housewife</u></p> <p>(21) Number of children of this mother now living, including present birth <u>2</u></p>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alice, at 9:30 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. C. Strader  
 (24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Marionette S.

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

(27) Filed June 1916 (28) Dr. E. C. Strader  
Local Registrar

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