

N. B.—IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Orr
 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
43088

Registration District No. 2213 Registered No. 101
 (For use of Local Registrar)

(2) Full Name of Child John Alexander Styles

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____
 (If the second child in most of last 12 months)

(6) Are Parents yes Married? _____ (7) DATE OF Dec 30 BIRTH
 (Name of Month) (Day) (Year)

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

FATHER.		MOTHER.	
(8) FULL NAME <u>Batis Styles</u>	(14) NAME BEFORE MARRIAGE <u>Niebur Tinson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Waynesville 3 #</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Waynesville 3 #</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>Greenville Co S.C.</u>	(18) BIRTHPLACE <u>Greenville Co S.C.</u>	(13) OCCUPATION <u>Farm work</u>	(19) OCCUPATION <u>Teacher</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born at Waynesville S.C., 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 Midwife Waynesville 3 #

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____
 (27) Filed Jan 1 1916 (28) Albert W. News 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.

Registrar _____

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