

WRITE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

W. H. M. J.

McCaw

(1) PLACE OF BIRTH
County of Greenville
Township of Classy Mts
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
43018

Registration District No. 2268 Registered No. _____
(For use of Local Registrar)

(2) Full Name of Child Elizabeth Plumley — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 15 1911
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wade Plumley
(9) PRESENT POSTOFFICE OF FATHER Campbell's Gap
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Miss Barton
(15) PRESENT POSTOFFICE OF MOTHER Campbell's Gap
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) I. E. Harrison
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Campbell's Gap

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 191 (28) Philips 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.

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