

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.

(1) PLACE OF BIRTH
 County of Greenville STATE OF SOUTH CAROLINA, Bureau of Vital Statistics, State Board of Health
 Township of Greenville
 or Inc. Town of Registration District No. 2209 Registered No. 544
 or (For use of Local Registrar)
 City of (No. 237 Pat's St. W. Shimmer)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Maya R. Brookshire

File No.—For State Registrar Only
85827

(3) BOY OR GIRL? M. (4) Twin or Triplet? (5) Number in order of birth (6) Age Parents 27 26 (7) DATE OF BIRTH Nov. 27 1916
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Dallas Brookshire</u>	(14) NAME BEFORE MARRIAGE <u>Leslie Evans</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>
(10) COLOR OR RACE <u>W.</u>	(16) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Greenville C. S.C.</u>	(18) BIRTHPLACE <u>Marion S.C.</u>	(13) OCCUPATION <u>Mill Work</u>	(19) OCCUPATION <u>House Work</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, born alive, at 4 P. M., on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report 191...
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
 (27) Filed Dec 1 1916 (28) [Signature] 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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File No. 85827
 Registrar
 Ward
 make noted
 1916
 (Year)
 M.
 P. M.)
 Midwife
 Registrar
 turn. If
 the