

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

File No. — For State Registrar Only
 74713

(1) PLACE OF BIRTH

County of York
 Township of Beaufort
 or
 Inc. Town of Windsor
 or

Registration District No. 4000 Registered No. 120
 (For use of Local Registrar)

City of _____ St.; _____ Ward _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. _____)

(2) Full Name of Child Lina Myrtle Driscoll If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 9, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME F. Driscoll
 (9) PRESENT POSTOFFICE OF FATHER Greer SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION mechanic
 (14) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Maguette Lora
 (15) PRESENT POSTOFFICE OF MOTHER Greer SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE NC
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greer SC

Given name added from a supplemental report _____, 191____
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
 (27) Filed Aug 8, 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.