

MAILED IN ADVANCE FOR RECORDING.
 WHEN PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—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 1.

(1) PLACE OF BIRTH
 County of Greenville.....
 Township of 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.)
 (2) Full Name of Child John William Terry.....

FILE NO. — For State Registrar Only
56034

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH APRIL 18 1918
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James Edward Terry
 (9) PRESENT POSTOFFICE OF FATHER R.F.D.#1 Travellers Rest.S.C.
 (10) COLOR White (11) AGE AT LAST BIRTHDAY 51
 OR RACE (Years)
 (12) BIRTHPLACE Bartow Co., Ga.,
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth { .. 3 ..

MOTHER.
 (14) NAME BEFORE MARRIAGE Dorcas Rosema Raines
 (15) PRESENT POSTOFFICE OF MOTHER Same
 (16) COLOR White (17) AGE AT LAST BIRTHDAY 22
 OR RACE (Years)
 (18) BIRTHPLACE Transylvania Co., N.C.
 (19) OCCUPATION At home
 (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 born alive at 9:50 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Chas. P. Rains
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
M.D. Travellers Rest S.C.

Given name added from a supplemental report

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed April 1918 (28) Dr E.C. Shoud 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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