

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Butler  
 or  
 Inc. Town of .....

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

File No.—For State Registrar Only  
48222

Registration District No. 2212 Registered No. 16  
 (For use of Local Registrar)

(2) Full Name of Child. Cecil Howard Forester } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No. (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 1 1914  
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Cotman Forester  
 (9) PRESENT POSTOFFICE OF FATHER Greenville Rt #2  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE Greenville Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lida Ross  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville Rt #2  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE Greenville Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. F. McCowan, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Green St. Rt #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 3/8 1914 (28) Y. A. Jones 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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WRITERS PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 M. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, N. No. 1. THE OTHER, No. 2, etc., in question 5.  
 M. H. McCRAW, of Columbia, S. C.