

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

Inc. Town of .....

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

Registration District No. 2314 Registered No. 78File No. — For State Registrar Only  
64640(2) Full Name of Child Thelma Eillian

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 8

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 3<sup>rd</sup> 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jeff David Eillian(9) PRESENT POSTOFFICE OF FATHER R. S. Greenwood, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34

(Years)

(12) BIRTHPLACE Lexington County(13) OCCUPATION mill work(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Ola de Loach(15) PRESENT POSTOFFICE OF MOTHER R. S. Greenwood, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 37

(Years)

(18) BIRTHPLACE Edgefield County(19) OCCUPATION Domestic(21) 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 Alma at 6:30 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Symmes, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife R. S. Greenwood, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 10, 1916(28) L. R. B. B. B.

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.