

MARGIN RESERVED FOR BINDING.  
WRITE 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 5.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

OR  
Inc. Town of .....OR  
City of Greenville

(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

File No.—For State Registrar Only

72863

Registration District No. 22 A Registered No. 302

(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>August 1</u> <u>6</u>
To be answered only in event of twins or triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sammy Maxwell(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth { 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Merritt(15) PRESENT POSTOFFICE OF MOTHER Greenville S. C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years) 21(18) BIRTHPLACE S. C.(19) OCCUPATION Cook(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 alive 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rachel League

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife 730 E. McBee Ave.

Given name added from a supplemental report

....., 191.....

.....  
Registrar(26) Witness Grace Chalmer

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

(27) Filed Aug. 2, 1916 (28) St. Smith 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.