

(1) PLACE OF BIRTH

County of GreenvilleTownship of HighlandInc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
85861Registration District No. 2211 Registered No. 70
(For use of Local Registrar)
St.; Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child W. Dell Few } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 6 1916
(Name of Month) (Day) (Year)
To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Ernest J. Few(9) PRESENT POSTOFFICE OF FATHER Green #3(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annes Forster(15) PRESENT POSTOFFICE OF MOTHER Green #3(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farming(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 alive, at 1-30 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thomas Earl Morrison
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Phys Campobello

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 11-15 1916 (28) J. A. Lindsey 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.

WRITE PLAINLY.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.
McCauley of Columbia.