

FORM NO. 1
 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

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

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

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

File No.—For State Registrar Only
90198

Registration District No. *2304* Registered No. *177*
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward

(2) Full Name of Child *William Edward Barber*
1906-02-13

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Yes* (4) Twin or Triplet? (5) Number in order of birth *3* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec. 13, 1906*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Wm Kelly Barber*
 (9) PRESENT POSTOFFICE OF FATHER *Greenville, SC*
 (10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *29*
 (Years)
 (12) BIRTHPLACE *Greenville, SC*
 (13) OCCUPATION *vice operative*
 (20) Number of children born to mother, including present birth *3*

(14) NAME BEFORE MARRIAGE *Jessie Hunter*
 (15) PRESENT POSTOFFICE OF MOTHER *Greenville, SC*
 (16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *26*
 (Years)
 (18) BIRTHPLACE *Greenville, SC*
 (19) OCCUPATION *domestic*
 (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 *3:10 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. W. Gyman, M.D.*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *501 Greenville, SC*

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 *Jan 9, 1917* (28) *S. P. Brooks* 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.