

Form No. 16.

MARRIAGE CERTIFICATE FOR FATHERS

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT COPY.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, not mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

McGaw, of Columbia

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or Inc. Town of Longwoodor City of Greenville(if birth occurs in a hospital or other institution, give name of same instead of street and number.)  
City Hospital

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42920

Registration District No. 23Registered No. 482

(For use of Local Registrar)

St. 3 Ward

## 2) Full Name of Child

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? N(5) Number in order of birth  
To be numbered only in case of Twin or Triplet

(6) Are Parents Married?

(7) DATE OF BIRTH Dec. 24 1916  
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at City Hospital on the date above stated.  
(Signature) W. O. Palmer (Date) Dec. 24, 1916  
(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed Jan. 10, 1916

(28)

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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