

(1) PLACE OF BIRTH

County of Greenville
Township of Fairfield

Inc. Town of
or

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

File No.—For State Registrar Only

72957

Registration District No. 2206 Registered No. 92
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 10

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 2, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME B. Mc Mahan

(9) PRESENT POSTOFFICE OF FATHER Pelzer

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Wasti

(15) PRESENT POSTOFFICE OF MOTHER St. John

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Ross

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

Physician Pelzer SC

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 Sept 10 1916 (28) J. B. Duckett 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.