

FORM NO. 6
 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 Greenville
 or
 Inc. Town of Registration District No. 2209 Registered No. 456
 or
 City of (No. Rt. 6 Greenville 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 Anna Elsie Hill If child is not yet named, make supplemental report as directed

File No. For State Registrar Only
77304

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Age Parents Married? <u>7</u>	(7) DATE OF BIRTH <u>Nov 11-16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>John Hill</u>			(14) NAME BEFORE MARRIAGE <u>Sam E. Platt</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rt. 6 Greenville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Home</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>		(17) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>Pa.</u>	
(13) OCCUPATION <u>Physician</u>			(19) OCCUPATION <u>Home</u>	
20) Number of children born mother, including present birth <u>4</u>			21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.
 (23) (Signature) John Hill M.D.
 (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife
Greenville

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 191..... (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.