

(1) PLACE OF BIRTH

County of Greenville  
 Township of Asheville  
 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

85757

Registration District No. 22A Registered No. 128  
 (For use of Local Registrar)  
 (No. .... 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 Marguerite Marie Childs If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 22 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rob Childs  
 (9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY (Years) .....  
 (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Moore  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY (Years) .....  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) A. H. Anderson  
 (24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

L. H. Asby 191...  
May 8, 1916  
 Registrar

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

(27) Filed Dec 5, 1916 (28) L. H. Richardson 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.

MARGIN RESERVED FOR INDEXING.  
 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