

FORM NO. 3
 BIRTH RECORD
 M. 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.
 M. McCaw, of Columbia.

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

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

File No.—For State Registrar Only
46280

Registration District No. 22 A. Registered No. 13
 (For use of Local Registrar)
 (No. 526 Wickard St.; 5 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Boyd</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 21 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Willie Nance</u>		(14) NAME BEFORE MARRIAGE <u>Julie Coward</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>		
(10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>		(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>52</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Greenville, S.C.</u>		(18) BIRTHPLACE <u>Greenville, S.C.</u>		
(13) OCCUPATION <u>Butler</u>		(19) OCCUPATION <u>Housekeeper</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) W. Boyd
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 Jan 21 1916 (28) C. E. Smith Local Registrar.

*When there was no attending physician or midwife, then the father, husband, etc., should sign 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.