

FORM NO. 9
WHITE PLAIN, WITH MARRIAGE RECORD IS A PERMANENT RECORD.
M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
M. McCaw, of Columbia

County of Greenville
Township of Greenville
or
Inc. Town of Greenville
or
City of Greenville
(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
46280

(1) PLACE OF BIRTH
Registration District No. 22 A Registered No. 13
(For use of Local Registrar)
(No. 526. Michael St.; 5 Ward)

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

(3) BOY OR GIRL? <i>Boyd</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>1</i> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 21 1916</i> <small>(Name of Month) (Day) (Year)</small>
FATHER.				MOTHER.
(8) FULL NAME <i>Willie Nance</i>				(14) NAME BEFORE MARRIAGE <i>John Cavanal</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Greenville</i>				(15) PRESENT POSTOFFICE OF MOTHER <i>Greenville, S.C.</i>
(10) COLOR OR RACE <i>Colored</i> (iii) AGE AT LAST BIRTHDAY <i>26</i> <small>(Years)</small>				(16) COLOR OR RACE <i>Colored</i> (17) AGE AT LAST BIRTHDAY <i>22</i> <small>(Years)</small>
(12) BIRTHPLACE <i>Greenville, S.C.</i>				(18) BIRTHPLACE <i>Greenville, S.C.</i>
(13) OCCUPATION <i>Butler</i>				(19) OCCUPATION <i>Housekeeper</i>
(20) Number of children born to mother, including present birth <i>1</i>				(21) Number of children of this mother now living, including present birth <i>1</i>

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. B. 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.