

McCaw, of Columbia, 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.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Chick Spgs.
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
64498

Registration District No. 2204 Registered No. 47
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 10, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Neil Bonlin</u>			(14) NAME BEFORE MARRIAGE <u>Elmina Vaughn</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Taylor's R.F.D. 2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Taylor's R.F.D. 2</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Greenville County, S.C.</u>
(12) BIRTHPLACE <u>Commerce Ga</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House Wife</u>	(21) Number of children of this mother now living, including present birth { ... <u>2</u> ...	
(20) Number of children born to mother, including present birth { ... <u>2</u> ...				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:10 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Garrett
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Taylor's S.C.

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 June 13, 1916 (28) W. W. Garrett 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.