

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.

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

Inc. Town of \_\_\_\_\_

City of \_\_\_\_\_

(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

85826

Registration District No. 2209 Registered No. 543

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? G (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH 11, 23, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W S Walker

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Collector

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lollie Westbrook

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:30 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. White M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Greenville R. 2

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 Nov 30 6 191\_\_\_\_ (28) A H M  
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.

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