

WRITE NAMES WHERE SHOWN IN SPACES FOR 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 .....  
or  
Inc. Town of .....

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

Registration District No. 22 A Registered No. .... 498 ...  
(For use of Local Registrar)

File No.—For State Registrar Only  
89988

(No. 115 Pinkney St.; ..... X 1 Ward)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 28, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Bailey</u>			(14) NAME BEFORE MARRIAGE <u>Ruth Allen</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>	
(10) COLOR OR RACE <u>Colored</u>			(17) AGE AT LAST BIRTHDAY <u>26</u> Years	
(11) AGE AT LAST BIRTHDAY <u>26</u> Years			(16) COLOR OR RACE <u>Colored</u>	
(12) BIRTHPLACE <u>Greenville, S. C.</u>			(18) BIRTHPLACE <u>Greenville</u>	
(13) OCCUPATION <u>Laundry</u>			(19) OCCUPATION <u>Laundry</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Bessie Hamilton  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 75 Wynne Alley

Given name added from a supplemental report

(26) Witness Grace Chalmers  
(Signature of Witness necessary only when question 23 is signed by mark)

..... 19 .....  
Registrar (27) Filed Dec 28, 1916 (28) C. Smith 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.