

Use 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 1.

(1) PLACE OF BIRTH

County

Township of

or

Inc. Town

or

City of

Greenville

Greenville

Greenville

Greenville

Greenville

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

No. for State Registrar

17728

Registration District No. *22A*

Registered No. *276*

(For use of Local Registrar)

(No. *Montgomery Hosp. Co.* Ward)

(2) Full Name of Child

3) BOY OR GIRL

Boy

4) Twin or Triplet

To be answered only in case of Twin or Triplet

5) Number in order of birth

6) Are Parents Married

Yes

7) DATE OF BIRTH

(Month) (Day) (Year)

6/19/23

23

23

23

FATHER

(1) NAME *Benjamin Hogan*

(2) PLACE OF BIRTH *Greenville S.C.*

(3) COLOR OR RACE *W.*

(11) AGE AT LAST BIRTHDAY

36

(4) BIRTHPLACE *Pennington S.C.*

(5) OCCUPATION *Electrician*

(6) Number of children born to mother, including present birth *1*

MOTHER

(1) NAME *Lucy M. Cornack*

(2) PLACE OF BIRTH *Greenville S.C.*

(3) COLOR OR RACE *W.*

(17) AGE AT LAST BIRTHDAY

23

(4) BIRTHPLACE *Littleton Ga.*

(5) OCCUPATION *House work*

(6) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(29) (Signature) *M. J. Cornack*

(30) State whether Physician or Midwife

(31) Address of Physician or Midwife

(Given name added from a supplemental report)

(32) Witness

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

(33) Filed *June 16, 1923*

(34) Local Registrar

(35) 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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