

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		23 046586		Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		State Board of Health	
Township of _____		Registration District No. <u>23-a</u>		Registered No. _____		(For use of Local Registrar)	
or		City of <u>Greenville</u>		(No. _____ St. _____ Ward _____)		(If birth occurs in a hospital or other institution, give name of same instead of street and number)	
Inc. Town of _____		2. FULL NAME OF CHILD <u>William Lee Randall</u>		(If child is not yet named, make supplemental report as directed.)			
3. Sex or Girl <u>Boy</u>		4. Twin, triplet, or other <u>✓</u>		5. Premature <u>✓</u>		6. Are Parents <u>Married</u>	
If Plural birth _____		5. Number, in order of birth _____		Full term _____		8. Date of birth <u>Jan 31 - 1913</u>	
9. Full name <u>W. Grover Randall</u>		FATHER		18. Full maiden name <u>Mary Lou Busbee</u>		MOTHER	
10. Residence (usual place of abode) <u>Greenville S.C.</u>		(If non-resident, give place and State)		19. Residence (usual place of abode) <u>Greenville S.C.</u>		(If non-resident, give place and State)	
11. Color or race <u>W</u>		12. Age at last birthday <u>47</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>38</u> (years)	
13. Birthplace (city or place) <u>Franklin Co. Georgia</u>		(State or country)		22. Birthplace (city or place) <u>Greenville S.C.</u>		(State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Cotton ginner</u>		16. Date (month and year) last engaged in this work <u>Life</u>		17. Total time (years) spent in this work <u>Life</u>	
18. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Horse Keeper</u>		19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		20. Date (month and year) last engaged in this work <u>Life</u>		21. Total time (years) spent in this work <u>Life</u>	
22. Number of children of this mother (At time of birth and including this child) <u>3</u>		(a) Born alive and now living <u>2</u>		(b) Born alive but now dead <u>0</u>		(c) Stillborn <u>1</u>	
23. If stillborn, _____ months _____ weeks		24. Cause of stillbirth _____		25. Before labor <u>✓</u>		26. During labor <u>✓</u>	
Specify any physical deformities of child at birth.							
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>11 A.</u> M. on the date above stated.							
(Born alive or stillborn)							
(Signed) <u>J. M. Symmes</u> , M.D.							
or _____ Midwife							
Address <u>So. Greenville S.C.</u>							
Filed <u>Jan. 25,</u> 19 <u>13</u> <u>M.B. Woodward, M.D.</u>							
Registrar.							