

(1) PLACE OF BIRTH

County of Wade
 Township of Hope
 Inc. Town of
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

5440

Registration District No. 4301 Registered No. 17
 (For use of Local Registrar)

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Doris Rehberg (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) yes (6) DATE OF BIRTH Feb 19, 1923
 (Name of Month) (Day) (Year)

FATHER: (7) FULL NAME Carl H. Rehberg (8) PRESENT POSTOFFICE OF FATHER Greenville S.C. (9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 27 (Year) (11) BIRTHPLACE Ga. (12) OCCUPATION Cashier Bank.
 (13) NAME BEFORE MARRIAGE Doris Perry - then (14) PRESENT POSTOFFICE OF MOTHER Greenville S.C. (15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 28 (Year) (17) BIRTHPLACE Ga. (18) OCCUPATION Housewife
 (19) Number of children born to mother, including present birth 2 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive and 2 1/2 lbs. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) O. H. Hogan (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(26) Filed Mar 12, 1923 (27) Local Registrar J. H. Blackwell

When there was no attending physician or midwife, then the father, household head, should make the report. 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.