

(1) PLACE OF BIRTH

County of Greenville
Township of Cannon
Inc. Town of
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20000

Registration District No. 304 Registered No. 69
(For use of Local Registrar)

(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.

2, Full Name of Child Frank Nathan If child is not yet named, make supplemental report as directed

1 SEX OR SEX	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married?	7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		<u>Yes</u>	<u>July 12 1927</u> (Name of Month) (Day) (Year)
FATHER				MOTHER
8) FULL NAME	<u>F. Nathan</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Jones</u>
9) PRESENT POSTOFFICE OF FATHER	<u>Wva Lb</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wva Lb</u>
10) COLOR OR RACE	<u>W</u>			(16) COLOR OR RACE <u>W</u>
11) BIRTHPLACE	<u>Wva Lb</u>			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
12) OCCUPATION	<u>Farmer</u>			(18) BIRTHPLACE <u>Wva Lb</u>
13) Number of children born to mother, including present birth	<u>7</u>			(19) OCCUPATION <u>Housewife</u>
				(20) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was at 5:35 AM.
on the date above stated. (Signature) [Signature] Hour A. M. or P. M.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson Lb

(Given name added from a supplement-
tal report)

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

(27) Filed July 14 1927 (28) S. M. McAdams
Registrar 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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