

## (1) PLACE OF BIRTH

County of *Greenville*Township of *Greenville*

or Town of .....

or 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 *Boys**McCombs*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH <i>Feb. 23, 1923</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *David E. McCombs*(9) PRESENT POSTOFFICE OF FATHER *Greenville, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *40* (Year)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Cotton Mill Op.*(14) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Maudie Barnett*(15) PRESENT POSTOFFICE OF MOTHER *Greenville, S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *34* (Year)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(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* at *7:10 A.M.* on the date above stated. (Day or Night or stillborn Hour M. or P. M.)(22) (Signature) *J. J. Jones, M.D.*(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 *Feb. 23, 1923* (27) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this 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.

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