

(1) PLACE OF BIRTH

County of *Greenville*
Township of *Greenville*
Inc. Town of *Joe Mill*
City of

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

7197

Registration District No. *2209* Registered No. *89*
(For use of Local Registrar)

(No. *14-4th Ave* St.; *89* Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child

City de Achmed Feyz

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

1) BOY OR GIRL *Boy* 2) Twin or Triplet *No* 3) Number in order of birth *1st*
To be answered only in case of Twin or Triplet

4) Are Parents Married? *Yes*

DATE OF BIRTH *2 26 23*
Name (Month) (Day) (Year)

5) FULL NAME *City de Achmed Feyz*
6) PRESENT POSTOFFICE OF FATHER *Greenville SC*
7) COLOR OR RACE *W* 8) AGE AT LAST BIRTHDAY *35*
9) BIRTHPLACE *W.C.*

MOTHER:
14) NAME BEFORE MARRIAGE *Anna M. Brown*
15) PRESENT POSTOFFICE OF MOTHER *Greenville SC*
16) COLOR OR RACE *W.C.* 17) AGE AT LAST BIRTHDAY *31*
18) BIRTHPLACE *W.C.*
19) OCCUPATION *Housewife*

10) OCCUPATION *Exotic work*
20) Number of children born to mother, including present birth *6*

(21) Number of children of this mother now living including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* at *2 A.M.* on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) *Dr. White*
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Greenville SC*

Witness (Signature of Witness necessary only when question 22 is signed by mother)
Thos. J. ... Thos. ...
If a child is born dead, the report is desired of physicians