

(1) PLACE OF BIRTH

County of Greenville  
Township of Greenville  
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  
**3523**

Registration District No. 1416 Registered No. 1  
(For use of Local Registrar)

(2) Full Name of Child

1) SEX - BOY OR GIRL Girl 2) Twin or Triplet No 3) Number in order of birth 1 4) Are Parents Married? Yes 5) DATE OF BIRTH Feb 12 1923  
To be answered only in event of Twin or Triplet Name of Month Day Year

FATHER.

6) FULL NAME W. A. ...  
7) PRESENT POSTOFFICE OF FATHER ...  
8) COLOR OR RACE ... 9) AGE AT LAST BIRTHDAY ... Year  
10) BIRTHPLACE ...  
11) OCCUPATION ...  
12) Number of children born to mother, including present birth ...

MOTHER.

13) NAME BEFORE MARRIAGE ...  
14) PRESENT POSTOFFICE OF MOTHER ...  
15) COLOR OR RACE ... 16) AGE AT LAST BIRTHDAY ... Year  
17) BIRTHPLACE ...  
18) OCCUPATION ...  
19) Number of children of this mother now living, including present birth ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(24) (Signature) Lucy ... (25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife ...

Given cert. added from a supplemental report

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

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once it is reported as stillborn. No report is desired of stillbirths until the month of pregnancy.