

## (1) PLACE OF BIRTH

County of GreenvilleTownship of GREENVILLE, S.C.

or

Inc. 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

BOY OR  
GIRL M4) Twin  
or Triplet5) Number in  
order of birth

To be answered only in case of Twin or Triplet

(6) Are  
Parent  
Married(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

## FATHER

(1) NAME Joseph V. Stron(2) RESIDENT  
ADDRESS  
OF FATHER Greenville S.C.(3) COLOR  
OR  
RACE N. (11) AGE AT LAST  
BIRTHDAY 26 (Year)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION night work(14) NUMBER OF CHILDREN BORN TO  
MOTHER, INCLUDING PRESENT BIRTH

## MOTHER

(1) NAME John Crader Insell(2) RESIDENT  
ADDRESS  
OF MOTHER Greenville S.C.(3) COLOR  
OR  
RACE N.C. (17) AGE AT LAST  
BIRTHDAY 23 (Year)(18) BIRTHPLACE N.C.(19) OCCUPATION house work(20) NUMBER OF CHILDREN OF THIS MOTHER  
NOW LIVING, INCLUDING PRESENT BIRTH

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive (Dead or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(22) (Signature) J. M. Insell (23) Address of Physician or Midwife  
(24) State whether Physician or Midwife Phys. GREENVILLE, S.C.Give name added from a supplement-  
ary report(25) Witness (Signature of Witness necessary only  
when question 22 is signed by mark)(26) Date Mar 4 1923 (27) Local Registrar, A. H. Mackey\*When there will be no physician or midwife, then the father, householder, etc., should make this return.  
If a child becomes dead-born, it must not be reported as stillborn. No report is desired of stillbirths  
before the fifth month of pregnancy.