

## (1) PLACE OF BIRTH

(County of Greenville)  
Township of .....

Inc. Town of .....

City of Columbia

(If birth occurs in a hospital or institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

5018

(2) Full Name of Child Rosa Lu Shall

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? 1(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 22 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Green(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 17

(Years)

(12) BIRTHPLACE Columbia(13) OCCUPATION Mailman(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Maude Shall(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 18

(Years)

(18) BIRTHPLACE Columbia(19) OCCUPATION house work(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born as 3 P on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Max A. Harpington(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife 1228 W. 1st St.

Given name aided from a supplemental report

(26) Witness

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

(27) Filed 2/22 1923 (28) G. J. S. O. 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.