

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of Port Mabel
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28589

Registration District No. Registered No. 22090
 (For use of Local Registrar)

City of (No. 11-55) St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Carl Grover Bailey If child is not yet named, make supplemental report as directed

3 SEX OF CHILD Boy 4 Type of Triplet 5 Number in order of birth 6 Age of Mother 20 7 DATE OF BIRTH Sept 17, 23
 To be answered only in event of Triplet or Triplet (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Amoye Geller Bailey
 9 PRESENT POSTOFFICE OF FATHER 11-5-18 St Greenville SC

10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 29
 (Year)

12 BIRTHPLACE Sub Co Ga

13 OCCUPATION Artist

14 Number of children born to mother, including present birth 1 2

MOTHER.

14 NAME BEFORE MARRIAGE Jannie May Stonby

15 PRESENT POSTOFFICE OF MOTHER same

16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 19
 (Year)

18 BIRTHPLACE Greenville SC

19 OCCUPATION Housewife

20 Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (23) (Signature) Charles P. Benson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Port Greenville SC

Given name added from a supplemental report

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

(27) Filed Sept 20, 23 (28) A. H. Mackley, reg Local 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.

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