

## (1) PLACE OF BIRTH

County of *Greenville*Township of *11*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.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7250

Registration District No. *2346*Registered No. *39*  
(For use of Local Registrar)

## (2) Full Name of Child

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

(2) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? To be specified only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Jan 9 1923</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Brother William</i>			(14) NAME BEFORE MARRIAGE <i>Jean Edmond</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Greenville S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Greenville S.C.</i>	
(10) COLOR OR RACE <i>white</i>			(16) COLOR OR RACE <i>white</i>	
(11) AGE AT LAST BIRTHDAY <i>35</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>34</i> (Years)	
(12) BIRTHPLACE <i>Alabama</i>			(18) BIRTHPLACE <i>North Carolina</i>	
(13) OCCUPATION <i>mill work</i>			(19) OCCUPATION <i>domestic</i>	
(20) Number of children born to mother, including present birth <i>16</i>			(21) Number of children of this mother now living, including present birth <i>14</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at *3:34* A.M.,  
on the date above stated. (Signative or stillborn) (Hour A. M. or P. M.)(23) (Signature) *R. J. P.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
*Greenville S.C.*

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *April 10 1923* (28) *S. P. B.*  
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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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