

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

Inc. Town of .....

City of Greenville, S. C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar

3080

Registration District No. 2.2dRegistered No. 95  
(For use of Local Registrar)(No. Marion St. 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 Willie Edward Garlington

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

1. SEX OR  
CHILD boy2. Type  
or Triplet3. Number in  
order of birth4. Age  
Parent  
Married 1085. DATE OF  
BIRTH Feb. 23, 23  
(Named Month) (Day) (Year)

## FATHER.

6. FULL  
NAME D. A. Garlington7. PRESENT  
POSTOFFICE  
OF FATHER Greenville, S. C.8. COLOR  
OR  
RACE Colored (11) AGE AT LAST  
BIRTHDAY 48  
(Year)9. BIRTHPLACE  
Abbeville Co. S. C.10. OCCUPATION  
Carpenter11. Number of children born to  
mother, including present birth 11

## MOTHER.

12. NAME BEFORE  
MARRIAGE Georgeanna Molure13. PRESENT  
POSTOFFICE  
OF MOTHER Greenville, S. C.14. COLOR  
OR  
RACE Colored (17) AGE AT LAST  
BIRTHDAY 34  
(Year)15. BIRTHPLACE  
Chester, S. C.16. OCCUPATION  
Domestic17. Number of children of this mother  
now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was alive at 9:40 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature)  
(22) Name of Physician or MidwifeNancy Jones  
Midwife 134 South St.(23) (Signature)  
(24) Name of WitnessWm. Simpson  
Mar. 10, 23  
Local Registrar.Persons who are not Physicians, etc., should make this return  
as soon as possible. No report is desired of stillbirths.