

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....or  
City of Greenville

(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

Registration District No. 252A

File No.—For State Registrar Only

42572

Registered No. 623  
(For use of Local Registrar)(2) Full Name of Child George M<sup>r</sup> Fall Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 18, 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME George M<sup>r</sup> Fall(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Newberry, S.C.(13) OCCUPATION Common Laborer(20) Number of children born to mother, including present birth 5<sup>th</sup>

## MOTHER.

(14) NAME BEFORE MARRIAGE Eloise Gray(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE Newberry, S.C.(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 5<sup>th</sup>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... alive... at 3:00... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. M. H. Bright R.N.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 23, 1922 (28) C. Smith  
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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