

(1) PLACE OF BIRTH

County of Leflore
 Township of Hollins Creek

CERTIFICATE OF BIRTH

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

File No.—for State Register Only

41582

City of _____ (No. _____) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sois Amick If child is not yet named, make supplemental report as directed

(1) SEX OR AGE <u>Boy</u>	(4) Twin or triplet? <u>0</u> <small>(to be answered only in case of twins or triplets)</small>	(3) Number in order of birth <u>6</u>	(5) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 16 23</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(9) FULL NAME <u>Sois Amick</u>			(14) NAME BEFORE MARRIAGE <u>Cassie Monette</u>	
(11) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>60</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>	
(18) BIRTHPLACE <u>Greenville, S.C.</u>			(19) BIRTHPLACE <u>Greenville, S.C.</u>	
(20) OCCUPATION <u>Farmer</u>			(21) OCCUPATION <u>Farmer</u>	
(22) Number of children born to mother, including present birth <u>6</u>			(23) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as born M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. C. D. D. D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Greenville, S.C.

Given name added from a supplement-
 tal report

april 14 1924
Fairway

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

(27) Filed Jan 10 1924 (28) T. H. Shull
 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.