

## (1) PLACE OF BIRTH

County of **Greenville**.....

Township of .....

Inc. Town of .....

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

File No.—for State Registrar Only

17736

Registration District No. **22A** Registered No. **284**

(For use of Local Registrar)

(No. **611 Greene Avenue**..... St. **5th**..... Ward)(2) Full Name of Child **William Anderson Jr.**.....

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

(3) SEX **Boy**

(4) Twin or triplet?

(5) Number in order of birth **3rd**(6) Are Parents Married? **Yes**(7) DATE OF BIRTH **June 1, 1923**

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME **William Anderson.**(14) NAME BEFORE MARRIAGE **Jenimah Lee.**(9) PRESENT POSTOFFICE OF FATHER **Greenville, S.C.**(15) PRESENT POSTOFFICE OF MOTHER **Greenville, S.C.**(10) COLOR OR RACE **Negro.**(11) AGE AT LAST BIRTHDAY **24** (Years)(16) COLOR OR RACE **Negro.**(17) AGE AT LAST BIRTHDAY **23** (Years)

(12) BIRTHPLACE

**South Carolina.**

(18) BIRTHPLACE

**South Carolina.**

(13) OCCUPATION

**Common Laborer.**

(19) OCCUPATION

**Housekeeper.**

(20) Number of children born to mother, including present birth

**3rd.**

(21) Number of children of this mother now living, including present birth

**3rd.**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **Born Alive** **2:30 A.M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **M. H. Bright, M.D.**

(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 26 is signed by mark)

(27) Filed **June 12, 1923**

(28)

**C. E. Smith, Jr.** 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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