

## (1) PLACE OF BIRTH

County of **Orenoville**

Township of .....

or Inc. Town of .....

or City of **Greenville, S. C.** (No. **343 E. Broad St.**)

(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

**3951**Registration District No. **22A**Registered No. **49**

(For use of Local Registrar)

## 2) Full Name of Child

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

(1) BOY OR GIRL? **Boy**

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? **Yes**(7) DATE OF BIRTH **Feb. 5th, 23**  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME **Edgar Kaufmann**(9) PRESENT POSTOFFICE OF FATHER **Greenville, S. C.**(10) COLOR OR RACE **Colored** (11) AGE AT LAST BIRTHDAY **24** (Years)(12) BIRTHPLACE **Greenville, S. C.**(13) OCCUPATION **Carpenter**(14) Number of children born to mother, including present birth **2**

## MOTHER

(15) NAME BEFORE MARRIAGE **Bertha Kint**(16) PRESENT POSTOFFICE OF MOTHER **Greenville, S. C.**(17) COLOR OR RACE **Colored** (18) AGE AT LAST BIRTHDAY **18** (Years)(19) BIRTHPLACE **Greenville, S. C.**(20) OCCUPATION **Housework**(21) Number of children of this mother now living, including present birth **2**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **alive** at **4:00 A.** M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **Anna J. Simpson**(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Midwife B. G. D. #80**

Given name added from a supplemental report

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

(27) Filed **Feb 5, 1923** (28) **E. 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.