

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

42568

Registration District No. 22A Registered No. 677
(For use of Local Registrar)
City of Cleveland (No. 143 St.; 4 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Sara Anna George If child is not yet named, make supplemental report as directed

(3) SEX OR GEAR? Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 6 32
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Avery Ryan George

(9) PRESENT POSTOFFICE OF FATHER 143 Cleveland St. Greenville S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION State

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Pauline Hawthorn

(15) PRESENT POSTOFFICE OF MOTHER 1403 Cleveland Greenville S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.

Name added from a supplemental report
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Registrar

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

(27) Filed Dec 9 1932 (28) [Signature] 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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