

## (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. 22A Registered No. 548

(For use of Local Registrar)

(No. City Hospital St.; ..... Ward)(2) Full Name of Child Thomas Morris Franco

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 17 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Bertrom Holroyd Franco(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34  
(Years)(12) BIRTHPLACE England(13) OCCUPATION Insurance(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucille Morris(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 2  
(Years)(18) BIRTHPLACE Catoeche, S. C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife M. A. [Address]

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Nov 16 1923 (28) C. 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.