Form No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of Varnum

or

Inc. Town of .....

or

City of ..... (No. ..... St.) ..... Ward)

(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. 2857

Registration District No. 315 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Mary Magdalene Greenlee

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

(3) BOY OR GIRL	(4) Twin or Triplet (To be answered only in case of Twins or Triplets)	(5) Number in order of birth	(6) Are parents Married	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Girl			Yes	Jan.	6	23

FATHER.

(8) FULL NAME Hiram B. Greenlee

(9) PRESENT POSTOFFICE OF FATHER Pendleton, S. C. 6.

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Anderson Co.

(13) OCCUPATION Farming

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

MOTHER.

(14) MAIDEN NAME Mamie Smith

(15) PRESENT POSTOFFICE OF MOTHER Pendleton, S. C. 6.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Anderson Co.

(19) OCCUPATION Domestic

(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 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Harrison

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Pendleton, S. C.

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed 2/10 1923 (28) W. L. Cox

*When there was no attending physician or midwife, then the father, householder, etc., should [illegible]. If a child breathes even once, it must not be reported as stillborn. No report is desired [illegible] before the fifth month of pregnancy.

R. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 4.

Bureau of Vital Statistics, Columbia, S. C.