

(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 HealthFile No. — For State Registrar Only  
4273 4Registration District No. 7.7.A Registered No. 72 75

(For use of Local Registrar)

No. 314 Calhoun Street St. .... Wa. Ward .....(2) Full Name of Child Edna Minnie

If child is not yet named, make no supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 2<sup>nd</sup> (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 14 1927

(Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME Oscar Minnie (14) NAME BEFORE MARRIAGE Ethel Williams(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(10) COLOR OR RACE colored (16) AGE AT LAST BIRTHDAY 36 (Years) (17) COLOR OR RACE colored (18) AGE AT LAST BIRTHDAY 34 (Years)(11) BIRTHPLACE Greenville S.C. (19) BIRTHPLACE Greenville S.C.(12) OCCUPATION Master (20) OCCUPATION Housework(21) Number of children born to mother, including present birth 10 (22) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive, at 9:05 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Mary Solomon(25) State whether Physician or Midwife (26) Address of Physician or Midwife 123 Echols Street

Given name added from a supplemental report

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

(28) Filed Feb 16 1927 (29) C. 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.

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FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
McGraw-Hill, New York