

## (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. 220

No. for State Register Only

21070Registered No. 536

(For use of Local Registrar)

(No. 220 - Welby - St. ..... Ward)(2) Full Name of Child Grace A. Rhodes

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH July 6, 1923

(Month) (Day) (Year)

## FATHER

(8) FULL NAME Seaf R. Rhodes(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28

(Year)

(12) BIRTHPLACE S. C.(13) OCCUPATION Life Insurance Agent(20) Number of children born to mother, including present birth -2-

## MOTHER

(14) NAME BEFORE MARRIAGE Anna Casey(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 21

(Year)

(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(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 born alive on the date above stated.Born alive stillborn (Hour 11:15 A.M. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenville, S. C.

Given name added from a supplemental report

Samuel CareyOct 19, 1923

(26) Witness

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

(27) Date July 7, 1923(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.