

(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

File No.—For State Registrar Only

21110

Registration District No. 220Registered No. 389

(For use of Local Registrar)

(2) Full Name of Child P. Lynn Freeman

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

(1) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH July 17th, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME P. L. Freeman(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Michigan, U. S. C.(13) OCCUPATION Auto-salesman(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Gonzalez(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE U. S. C.(19) OCCUPATION Housewife(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 born alive at 20:40 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles Bate

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Even name added from a supplemental report

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Aug 1, 1923(28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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