

(1) PLACE OF BIRTH
County of Charleston

STATE OF SOUTH CAROLINA
Division of Vital Statistics
State Board of Health

9-5 20

Township of

Inc. Town of

City of San Francisco

if birth occurs in a hospital

Registration District No. 242

Registered No.

(For use of Local Residents)

(2) Full Name of Child Larry Greenstein

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

(1) SEX-OR-GIRL	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married Yes	(7) DATE OF BIRTH all 11 72 (Month) (Day) (Year)
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FATHER

MOTHER.

10. FULL NAME Mr. David G. Gordon

(14) NAME BEFORE MARRIAGE Mary Craven

PRESENT POST OFFICE OF FATHER

(10) PRESENT POST OFFICE OF NOTHER Charleston, S.C.

(10) COLOR OR RACE *W. S. S.* (11) AGE AT LAST BIRTHDAY *27* (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 5

(12) BIRTHPLACE Greece

115-6474-122

12) OCCUPATION _____

(10) OCCUPATION
Homemaker

(20) Number of children born to mother, including present birth 1, 2, 3, 4

(21) Number of children of this mother now living, including present birth 322

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(28) I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Name of Mother) (Hour A.M. or P.M.)

(203) (Signature)

(24) State whether Physician or Midwife

10

(26) Address of Physician or Midwife

(Given name added from a supplemental report)

(20) Witness

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

..... 19
Registrar

(57) Filed 3/11/13 (28)

*When there was no attending physician or midwife, then the father, household head, should make this report if a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirths before the 8th month of pregnancy.

(Date of)

THEORY

Filed 7-1-64