

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Inc. Town of .....

or

City of .....

(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

56148

Registration District No. 2306 Registered No. 43  
(For use of Local Registrar)(2) Full Name of Child Alphie Fredrick

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

(1) SEX OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 23</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Godfrey Fredrick(9) PRESENT POSTOFFICE OF FATHER Greenville R. F. D.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Greenville Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Mann(15) PRESENT POSTOFFICE OF MOTHER Greenville R. F. D.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Greenville Co.(19) OCCUPATION House Laborer(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 alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rosa Wright Midwife  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed May 10, 1906 (28) A. B. B. S. 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.