

MALE ENROLLMENT CARD BINDING. WHEN IMPRISONED INDIVIDUALS ARE RELEASED, THE BUREAU OF PRISONERS, NO. 1, THIRD FLOOR, NO. 2, ETC., IN QUESTION 8.

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of St. Matthews
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3302

Registration District No. 5A Registered No. 1
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Pauline Maybelle (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 20 19 22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Maybelle

(9) PRESENT POSTOFFICE OF FATHER St. Matthews

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31
 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Maybelle Maybelle

(15) PRESENT POSTOFFICE OF MOTHER St. Matthews

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24
 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Farmer

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

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at P.R. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William Maybelle

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness W. H. Haba (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 20 19 22 (28) Local Registrar W. H. Haba

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