

## 1. PLACE OF BIRTH

County of Greenwood

Township of \_\_\_\_\_

or  
City of Greenwood

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

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 238 Registered No. 2

(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

## 2. FULL NAME OF CHILD

James Douglas Giles3. Sex of Child Boy 4. Twin, triplet, or other \_\_\_\_\_ 5. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of Birth Feb 9 19239. Full name FATHER Lewis Giles 10. Full maiden name MOTHER Jodie Robinson11. Residence (usual place of abode) Greenwood, S.C. 12. Residence (usual place of abode) Greenwood, S.C.13. Color or race W 14. Age at last birthday 32 (Years) 15. Color or race White 16. Age at last birthday 26 (Years)17. Birthplace (city or place) Tennessee 18. Birthplace (city or place) South Carolina19. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. \_\_\_\_\_ 20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic

21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 22. Industry or business in which work was done, as silk mill, lawyer's office, etc. \_\_\_\_\_

23. Date (month and year) last engaged in this work \_\_\_\_\_ 24. Date (month and year) last engaged in this work \_\_\_\_\_

25. Total time (years) spent in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ 29. Cause of stillbirth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 1 PM on the date above stated (Born alive or stillborn)

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

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) J. W. Harrison, M. D.

or \_\_\_\_\_ Midwife

Address Greenwood, S.C.Filed Feb 15, 1923, H. A. Middleton

Registrar