

## (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.)

(2) Full Name of Child Emmie E. Tyson

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?	(7) DATE OF BIRTH
				<u>July 21st 1923</u>
				(Name of Month) (Day) (Year)
FATHER.			MOTHER	
(8) FULL NAME <u>E. E. Tyson</u>			(14) NAME BEFORE MARRIAGE <u>Marie C. Bennett</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S. C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Greenville, S. C.</u>			(18) BIRTHPLACE <u>Greenville, S. C.</u>	
(13) OCCUPATION <u>Minister</u>			(19) OCCUPATION <u>Minister</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Greenville, S. C. on the date above stated. (Mark A. M. or P. M.)(23) (Signature) Charles R. Baker

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

Given name added from a supplemental report

Oct. 27, 1923James Fairley  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 6, 1923 (28) Charles R. Baker  
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.

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