

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

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 Eddie Louise Menall(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 4, 1913
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Menall(9) PRESENT OFFICE OR RESIDENCE Greenville, S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Day Labour(14) Number of children born to father including present birth 11

MOTHER.

(15) NAME BEFORE MARRIAGE Ethel Williams(16) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(17) COLOR OR RACE Colored(18) AGE AT LAST BIRTHDAY 28
(Years)(19) BIRTHPLACE S.C.(20) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

22. I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn) (Hour) (M) (P. M.) on the date above stated.(23) (Signature) Lula Menall(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 213 Hammett St.(26) Witness Chas. Simpson

(Signature of Witness necessary only when question 24 is signed by midwife)

(27) Date Feb. 7, 1913(28) Local Registrar Chas. Simpson

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child born dead or as stillborn, the report is desired of stillbirths before the fourth month of pregnancy.