

(1) PLACE OF BIRTH

City of GreenvilleTownship of GreenvilleIn Town of GreenvilleCity of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18586

Registration District No. 7000 Registered No. 2936

(For use of Local Registrar)

(No. 1 St. 1 Ward)

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

Full Name of Child Anna Estelle Perry

Is the child a twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH 11/14/14

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Perry(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Greenville(19) OCCUPATION Teacher(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at Greenville (Hour A. M. or P. M.) 3 P. M. on the date above stated.(23) (Signature) J. H. H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

When name added from a supplemental report

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

(27) Filed 1914 (28) 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.

Registrar

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