

(1) PLACE OF BIRTH

County

Greenville

Township of

OF

Inc. Town of

OF

City of

Greenville S. or Denmark

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar

17725

Registration District No. 22A

Registered No. 278

(For use of Local Registrar)

(2) Full Name of Child

John Lewis

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

(3) SEX
BOY OR
GIRL

7

(4) Type
or Triplet

To be answered only in case of Twins or Triplets

(5) Number in
order of birth(6) Age
in
Months(7) DATE
BIRTH

June 8, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) NAME

(9) PRESENT
RESIDENCE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Year)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born
mother, including present birth

MOTHER.

(15) NAME

(16) PRESENT
RESIDENCE
OF MOTHER(17) COLOR
OR
RACE(18) AGE AT LAST
BIRTHDAY

(Year)

(19) BIRTHPLACE

(20) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was (23) (24) (25)

on the date above stated.

(26) (Signature)

(27) State whether Physician or Midwife

(28) Address of Physician or Midwife

Give name added from a supplement-
tal report

(29) Witness

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

(30) Filed

June 10, 1923

(31)

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.

before the fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Statistics, Columbia, S. C.