

(1) PLACE OF BIRTH

County of GreenvilleTownship of Phoenixor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

36201

Registration District No. 2.3.11 Registered No. 2.4
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Not Named If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet
To be answered only in event of Twin or Triplet (5) Are Parents Married? No (6) DATE OF BIRTH Oct. 12, 1923
(Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME Boyd C. Rapp(8) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 32
(Year)(11) BIRTHPLACE Ill.(12) OCCUPATION Lawyer(13) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Germa Rapp(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE Ill.(19) OCCUPATION Teacher(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born Oct. 12, 1923 at 7 A. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) W. H. Rapp (23) Address of Physician or Midwife
(24) State whether Physician or Midwife

(Given name added from a supplemental report)

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

(26) Filed Oct. 12, 1923 (27) 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.