

(1) PLACE OF BIRTH

County of ...Greenville, S.C.

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Use
28460

Registration District No. 22A Registered No. 485

(For use of Local Registrar)

(2) Full Name of Child Jean

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

(1) SEX OR GIRL	(2) Type or Triplet	(3) Number by order of birth	(4) Age months	(5) DATE OF BIRTH 12/23
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FATHER.		MOTHER.	
(6) FULL NAME J. C. Haley	(10) NAME BEFORE MARRIAGE Jean Marie French	(10) PRESENT RESIDENCE OF FATHER Greenville, S.C.	(10) PRESENT RESIDENCE OF MOTHER Greenville, S.C.
(11) COLOR OR RACE W	(11) AGE AT LAST BIRTHDAY 42	(11) COLOR OR RACE W	(11) AGE AT LAST BIRTHDAY 29
(12) BIRTHPLACE Georgetown, S.C.	(12) OCCUPATION Merchant	(12) BIRTHPLACE Greenville, Co. S.C.	(12) OCCUPATION Housewife
(13) Number of children born to mother, including present birth 3	(13) Number of children of this mother now living, including present birth 2		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was ... Alive ... at 10:15 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(21) (Signature) Alma S. Pack

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

(Given name added from a supplemental report)

(24) Witness

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

(25) Filed 12/23

(26) C. G. Smith

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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