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## 1. PLACE OF BIRTH

County of GreenwoodTownship of Walnutor  
Inc. Town of Ware Shoals

City of .....

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2314 Registered No. ....

(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 Rex Herring { If child is not yet named, make supplemental report as directed.3. Boy or Girl  If Plural Births  4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? yes 8. Date of birth May 14, 1923 (Month, day, year)9. Full name FATHER Henry Walter Herring 18. Name before marriage MOTHER Olivia Rutledge Jones10. Residence (mailing address) (If non-resident, give place and State) Greensboro, N.C. 19. Residence (mailing address) (If non-resident, give place and State) Ware Shoals11. Color White 12. Age at child's birth 53 (years) 20. Color White 21. Age at child's birth 36 (years)13. Birthplace (city or place) (State or country) Greensboro, N.C. Mason County 22. Birthplace (city or place) (State or country) Cokesbury, S.C. Greenwood County14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....

16. Date (month and year) last engaged in this work present time 1940 17. Total time (years) spent in this work 60 25. Date (month and year) last engaged in this work ..... 19..... 26. Total time (years) spent in this work 1527. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... (Before labor..... During labor.....)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive 8 P. m. on the date above stated. (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Henry W. Herring, Parent

or ..... Guardian

Given name added from a supplementary report..... (Date of) .....

Address Greensboro, N.C.Filed Sept. 23, 1940

Registrar.

Registrar.

Oct 4/1940 D. M. B. Woodward

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

OCCUPATION

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