

Form No. 1

(1) PLACE OF BIRTH

County of Marion
 Township of Britton neck
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7777

Registration District No. 3200 Registered No. 16
 (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 Juliana Greene {If child is not yet named, make supplemental report as directed

3) BOY OR GIRL girl 4) Twin or Triplet? No 5) Number in order of birth 1
 To be answered only in event of Twin or Triplet

6) Are Parents Married? yes 7) DATE OF BIRTH Feb 18 1923
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Richard Gause9) PRESENT POSTOFFICE OF FATHER Greesham S.C.10) COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 30
 (Years)12) BIRTHPLACE S.C.13) OCCUPATION Labourer20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Juliana Gause15) PRESENT POSTOFFICE OF MOTHER Greesham S.C.16) COLOR OR RACE col 17) AGE AT LAST BIRTHDAY 25
 (Years)18) BIRTHPLACE S.C.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M.
 on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.))

(23) (Signature) Victoria Wright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report

(26) Witness

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

(27) Filed Apr 5 1923

(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.