

WRITE PLAINLY. WITH UNPAPERED ENVELOPE IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(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.)

Registration Number No. 22a

24590

Registered Date Aug 27
 (For use of Local Registrar)

(No. 112 Marshall Ave. St. 1st Ward)

(2) Full Name of Child

E. J. Green

(If child is not yet named, make statement of name)

(a) SEX Male (b) Age 2 1/2 (c) Date of Birth 8/25/25
 (d) Place of Birth Greenville, S.C.

FATHER		MOTHER	
(a) Full Name	<u>E. G. Howell</u>	(a) Full Name	<u>Mattie Lou Isbell</u>
(b) Present Residence of Father	<u>Greenville, S.C.</u>	(b) Present Residence of Mother	<u>Greenville, S.C.</u>
(10) COLOR <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(10) COLOR <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE	<u>Greenville, S.C.</u>	(12) BIRTHPLACE	<u>Seneca, S.C.</u>
(13) OCCUPATION	<u>Salesman</u>	(13) OCCUPATION	<u>Housewife</u>
(14) Number of children born to mother, including present one	<u>7</u>	(14) Number of children born to mother, including present one	<u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive at 5:24 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P.M.)

(22) (Signature) Alma S. Cook
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplementary report
 (25) Witness (Signature of Witness necessary only when question 22 is signed by father)
 (26) Filed Aug 27 1925 (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.

Fifth Month of Pregnancy