

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only  
90120

County of Greenville

Township of Greenville

Inc. Town of Mauldin

Registration District No. 2209

Registered No. 605  
(For use of Local Registrar)

City of (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 Ralph Hall { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? none (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH: 18, 1914 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Green Hall

(14) NAME BEFORE MARRIAGE Mandy McLean

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 14 (Years)

(12) BIRTHPLACE Asheville S.C.

(18) BIRTHPLACE Greenville S.C.

(13) OCCUPATION Carpenter

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) J. W. Walker

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed Jan 7 1914 (28) a H. Mackey 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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McGraw-Hill of Columbia. FIRST-BORN, No. 1. TIME OTHER, No. 2, etc., in question 5. See a separate blank for each child, and mark the