

(1) PLACE OF BIRTH

County of GreenvilleTownship of ButterOF
Inc. Town ofOF
City of

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

(2) Full Name of Child

3) BOY OR
GIRLBoy4) Twin
or Triplet

To be answered only in event of Twin or Triplet

5) Number in
order of birth6) Are
Parents
Married

(7) DATE OF

BIRTH

February 25, 1923
(Name of Month) (Day) (Year)

MOTHER.

8) FULL
NAMEPerry Pool9) PRESENT
POSTOFFICE
OF FATHERGreenville10) COLOR
OR
RACEColored(11) AGE AT LAST
BIRTHDAY25
(Years)

12) BIRTHPLACE

Greenville

13) OCCUPATION

Farmer20 Number of children born to
mother, including present birth9(14) NAME BEFORE
MARRIAGELiger Boyers(15) PRESENT
POSTOFFICE
OF MOTHERGreenville(16) COLOR
OR
RACEColored(17) AGE AT LAST
BIRTHDAY21
(Years)

(18) BIRTHPLACE

Greenville

(19) OCCUPATION

House Work(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.alive
(Born alive or stillborn)8 P. M.
(Hour, M. or P. M.)

(23) (Signature)

Midwife Anne Fisher

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Route 18 Box 215 Greenville S.C.(26) Given name added from a supplement-
tal report

(27) Witness

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

(28) Filed

Feb 27, 1923 (29) T. R. Jones
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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