

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville, S. C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Register July
17732Registration District No. 22ARegistered No. 280

(For use of Local Registrar)

(2) Full Name of Child Pillie Dell Black

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 13, 23</u>
(Name of Month) (Day) (Year)				

FATHER.		MOTHER	
(8) FULL NAME <u>Haston Young</u>	(14) NAME BEFORE MARRIAGE <u>Henrietta Black</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S. C.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>S. C.</u>	(18) OCCUPATION <u>Laborer</u>	(18) BIRTHPLACE <u>S. C.</u>	(19) OCCUPATION <u>Washing & Ironing</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive as 2 P. (How M. or P. M.) on the date above stated.

(23) (Signature) Caroline Sullivan
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 212 Thurston St.,

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 21, 1923 (28) C. E. Smith 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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