

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town of

City of

(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 Registrar

14204

Registration District No. 10000 Registered No. 145
(For use of Local Registrar)(No. 1 Greenville St.; Ward)(2) Full Name of Child John Ed. Kordula, Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH May 29 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Lawrence H. Kordula(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(Year)(12) BIRTHPLACE Greenville, S.C.(13) OCCUPATION Unemployed(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Madys May Carson(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Year)(18) BIRTHPLACE Boston, Mass.(19) OCCUPATION Comm. Book & H. W.(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 529 P. M.,
on the date above stated. (Hour A. M. or P. M.)(22) (Signature) J. L. Anderson
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

(25) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(26) Date May 1 1923 (27) Local Registrar Thos. M. M.

*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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