

(1) PLACE OF BIRTH

County of

Greenville

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)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

(No. 67 Burdett)

No. 14 - For State Registrar Only

4045

Registered No.

(For use of Local Registrar)

St. West Greenville

(Name of Street and Number)

(2) Full Name of Child

BOY OR GIRL

Boy

4) Twin or Triplet

To be covered only in event of Twin or Triplet

5) Number in order of birth

1st

6) Are Parents Married

Yes

DATE OF

BIRTH

(Name of Month) (Day) (Year)

7-1-23

MOTHER.

3) FULL NAME

Lewey Long

PRESENT POSTOFFICE OF FATHER

67 Burdett St

10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

2

12) BIRTHPLACE

W. C.

13) OCCUPATION

Construction work

14) Number of children born to mother, including present birth

1st

15) NAME BEFORE MARRIAGE

Annie Linder

16) PRESENT POSTOFFICE OF MOTHER

same

17) COLOR OR RACE

W

18) BIRTHPLACE

W. C.

19) OCCUPATION

Housewife

20) Number of children of this mother now living, including present birth

1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greenville

(26) Given name added from a supplemental report

(27) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(28) Date

Jan 14 1923

(29) Local Registrar

A. H. ...

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 sixth month of pregnancy.