

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or Inc. Town of .....

or 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 Registrar Only

3961

Registration District No. 22ARegistered No. 75

(For use of Local Registrar)

(No. 200 McCall St.)

St.: ..... Ward:

2) Full Name of Child. .... white

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

BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>7</u>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 2nd, 23</u>
(To be answered only in case of twins or triplets)				(Name of Month) (Day) (Year)

## FATHER

(1) FULL NAME O. G. White(2) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(3) COLOR OF RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Common laborer(14) Number of children born to including present birth 6

## MOTHER

(14) NAME BEFORE MARRIAGE Ada Maxwell(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Domestic.(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was live at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife 22 Echols

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

When name added from a supplemental report

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

(27) Filed Feb 27, 23 (28) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If reported as stillborn, it must not be reported as stillborn before the fifth month of pregnancy.

Before the fifth month of pregnancy.