CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 42611

(1) PLACE OF BIRTH
County of Greenville
Township of Chick Springs
or
Inc. Town of Greer
or
City of Greenville

Registration District No. 22-B Registered No. 50 (For use of Local Registrar)

(No. Pelham #4 St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles Fleer — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy. (4) Twin or Triplet? — (5) Number in order of birth — To be answered only in event of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 26 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Earnest Tony Fleer	(14) NAME BEFORE MARRIAGE Rachel Forrester
(9) PRESENT POSTOFFICE OF FATHER Greer	(15) PRESENT POSTOFFICE OF MOTHER Greer.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Greer SC	(18) BIRTHPLACE Greer.
(13) OCCUPATION Carpenter	(19) OCCUPATION Housework
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M D Langford MD.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Greer, S.C.

Given name added from a supplemental report .....
..... 19 ....
Registrar

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

(27) Filed Jan. 10 1923 (28) W G Gunn 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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