

(1) PLACE OF BIRTH  
County of Lancaster  
Township of Lancaster  
Inc. Town of .....

Registration District No. 2875 Registered No. 78  
(For use of local Registrar)

City of ..... (No. ....) (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 Willie Mae Greenhaw If child is not yet named, make appropriate report as directed

(3) SEX OR CHILD girl (4) AGE 4 yr (5) DATE OF BIRTH Feb 25 1927  
(If born in a hospital or other institution, give name of same)

FATHER. (6) NAME James Greenhaw (7) NAME OF MOTHER Jane Harris  
(8) RESIDENT ADDRESS OF FATHER Kershaw D.C. (9) RESIDENT ADDRESS OF MOTHER Kershaw D.C.  
(10) COLOR Black (11) AGE AT LAST BIRTHDAY 37 (12) COLOR Black (13) AGE AT LAST BIRTHDAY 37  
(14) BIRTHPLACE A.C. (15) BIRTHPLACE A.C.  
(16) OCCUPATION Housewife (17) OCCUPATION Housewife  
(18) Number of children born to mother, including present one 13 (19) Number of children of the mother now living, including present one 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn (State A. M. or P. M.)  
(21) (Signature) A. J. Greenhaw (22) Address of Physician or Midwife Kershaw D.C.  
(23) State whether Physician or Midwife M.D.

Given name added from a subsequent report  
See Affidavit  
6/11/45  
(24) Witness (Signature of Witness necessary only when question is in signed by birth) E. J. Greenhaw  
(25) Date 7-3

When there was no attending physician or midwife, then the father, householder, etc., should report if a child breathes even once. It must not be reported as stillborn. No report is required before the fifth month of pregnancy.