

MARGIN RESERVED FOR BINDING.
WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
MEDICAL DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Spartanburg

Township of 11

or
Inc. Town of 11

or
City of Spartanburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Gennieve Houston

File No.—For State Registrar Only

32123

CERTIFICATE OF BIRTH

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

Registration District No. 40

Registered No. 416

(For use of Local Registrar)

(No. 211 N. Center

St. 6 Ward)

(3) SEX OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 23 1923
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME W. H. Houston

(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31
(Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION R.R. Conductor

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Tucker

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Spartanburg, S.C.

(19) OCCUPATION at Home

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 5 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Houston

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

Thos. P. Lescane

10-4-47 19 47

Registrar

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

(27) Filed 10-1-23 (28) Jas. Capes 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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