

(1) PLACE OF BIRTH

County of Greenville

Township of

In Town of

City of Greenville

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

2) Full Name of Child Flora Clara If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 24, 1923(8) FATHER'S NAME William Claborn (9) MOTHER'S NAME William Claborn(10) PRESENT POSTOFFICE OF FATHER Greenville, S.C. (11) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY 24 (14) COLOR OR RACE W (15) AGE AT LAST BIRTHDAY 23(16) BIRTHPLACE Greenville, S.C. (17) BIRTHPLACE Greenville, S.C.(18) OCCUPATION Teacher (19) OCCUPATION Teacher(20) Number of children born to 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

22) I hereby certify that I attended the birth of this child, who was born at Greenville, S.C. (Hour alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Claborn (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville, S.C.

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

(27) Filed Feb 26 1923 (28) Local Registrar

(29) 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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