

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....City of Greenville

(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

21072

Registration District No. 33A Registered No. 331

(For use of Local Registrar)

(No. 465 Choice Ave.)

(Ward)

(2) Full Name of Child Wyley Harris Jr.

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 8th, 1923</u>
				(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Wyley Harris(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Va.(13) OCCUPATION Public Work(14) Number of children born to mother, including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE Carrie May Stokes(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Ga.(19) OCCUPATION Housework(20) 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 alive at 7 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline Sullivan

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

Midwife 212 Thurston St.

Given name added from a supplemental report

(26) Witness Ed Simpson (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed July 11, 1923 (28) Ed Smith 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.