

(1) PLACE OF BIRTH

County of Greenwood S.C. **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**64613**

Township of .....

OR

Inc. Town of Greenville

OR

City of Greenville S.C.

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

(2) Full Name of Child John Edmund CorleyRegistered No. 42

(For use of Local Registrar)

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

(6) Are Parents Married? yes(7) DATE OF BIRTH June 12

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Edmund Corley

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Greenville S.C.

(13) OCCUPATION

Bricklayer

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Sue McLeary

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Saluda Co. S.C.

(19) OCCUPATION

Home Keeper

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:45 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. B. Ething

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

Physician Greenville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/141916(28) W. A. Williams

Local Registrar

Registrar

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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THIS CERTIFICATE IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S.C. IN THE 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.