

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor
Br. Town of Greenvilleor
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 KAROLINE

(1) SEX OR SEXES F (2) TWIN or triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH Nov 2 1923 (For use of Local Registrar) (Name of Month) (Day) (Year)

to be entered only in case of loss of rights

FATHER.

(1) FULL NAME Johnnie Mae Hayes(2) PRESENT POSTOFFICE OF FATHER Greenville(3) COLOR OR RACE W (4) AGE AT LAST BIRTHDAY 31 (Years)(5) BIRTHPLACE South Carolina(6) OCCUPATION Housewife(7) Number of children born to mother, including present birth 1(8) NAME BEFORE MARRIAGE Johnnie Mae Hayes(9) PRESENT POSTOFFICE OF MOTHER Greenville(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Housewife(14) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was born at Greenville (Hour A M or P M) 11:00 on the 2nd day of November 1923.(16) (Signature) [Signature](17) State whether Physician or Midwife Physician(18) Address of Physician or Midwife Greenville S.C.(19) Witness (Signature of witness necessary only when question 23 is signed by mother) [Signature](20) Local Registrar [Signature]

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, no report is required of stillbirths before the end of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

394

Registration District No. 22A Registered No. 31

(For use of Local Registrar)

(Name of Child) KAROLINE (Sex) F (When)

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