

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 3.

(1) PLACE OF BIRTH  
County of Anderson  
Township of Homer Path  
Inc. Town of .....  
City of .....  
(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  
**5853**

Registration District No. 307 Registered No. 48  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child P. C. Greer If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Mar 11 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Mr P. C. Greer</u>			(14) NAME BEFORE MARRIAGE <u>Miss Helen Greer</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Homer Path</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Homer Path</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>merchant</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>Four</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive ... at 1:27 AM, on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. R. Donald MD  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife  
Homer Path S. C.

Given name added from a supplemental report

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

(27) made 9.10 2.30 John McWhorter  
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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