

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
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 HealthNo. 28280 - For this register onlyRegistration District No. 20 Registered No. 3

(For use of Local Registrar)

(M. McDermott Hill) (St.) Ward)

(2) Full Name of Child Gladys Hazel (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD girl (4) Type or Figure 4 1/2 (5) Number in order of birth 33

FATHER.

(6) FULL NAME Nelus Hazel(7) PRESENT RESIDENCE OF FATHER Greenville, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 48(12) BIRTHPLACE Greenville, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8

MOTHER.

(16) NAME BEFORE MARRIAGE Sula Brown(17) PRESENT RESIDENCE OF MOTHER Greenville(18) COLOR OR RACE Colored (19) AGE AT LAST BIRTHDAY 28(20) BIRTHPLACE Greenville, S.C.(21) OCCUPATION Domestic(22) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn) (How A. M. or P. M.) 9:20 P.M.

on the date above stated.

(24) (Signature) Martha Ann Mack (25) Address of Physician or Midwife undun

(Given name added from a supplemental report)

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

(27) Filed Oct 6 1923 (28) P. H. Buchanan, M.D.

When there was no attending physician or midwife, then the father, householder, etc., should sign this report. 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.