

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

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

21076

Registration District No. 22aRegistered No. 346

(For use of Local Registrar)

(2) Full Name of Child Francis William

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 July 2th 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley William(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Plumbing work(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Francis Chapman(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Washing(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 at Greenville, S. C. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Caroline Sullivan(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1012 Thimbleton St.

Given name added from a supplemental report

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Registrar

(26) Witness John P. Smith

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

(27) July 14, 1913(28) E. 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.

AS A CHILD BORN ON OR AFTER JAN. 1, 1913, 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.