

(1) PLACE OF BIRTH

County of **Greenville**

Township of

Inc. Town of

City of **Greenville, S. C.**

(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 HealthRegistration District No. **22A**Registered No. **90**
(For use of Local Registrar)(No. **508 Jenkins St.** St. **6** Ward)(2) Full Name of Child **Earleen Baxter**

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

(1) BOY OR GIRL **Girl**

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(3) Number in order of birth

(5) Age of Person Marrying **Yes**(7) DATE OF BIRTH **Feb. 27th 23**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Lewis Baxter**(9) PRESENT POSTOFFICE OF FATHER **Greenville, S. C.**(10) COLOR OR RACE **Colored**(11) AGE AT LAST BIRTHDAY **38**
(Year)(12) BIRTHPLACE **S. C.**(13) OCCUPATION **Brick Mason**(20) Number of children born to mother, including present birth **5**

MOTHER.

(14) NAME BEFORE MARRIAGE **Neesy Bird**(15) PRESENT POSTOFFICE OF MOTHER **Greenville, S. C.**(16) COLOR OR RACE **Colored**(17) AGE AT LAST BIRTHDAY **36**
(Year)(18) BIRTHPLACE **S. C.**(19) OCCUPATION **Housework**(21) Number of children of the mother now living, including present birth **5**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was **alive** at **5:15A** on the date above stated. (Hour A. M. or P. M.)(23) (Signature) **Phillie Hall**

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) (Signature) **Midwife J. Dill Hall**(27) (Signature) **W. Simpson**(28) (Signature) **W. Simpson**(29) (Signature) **W. Simpson**(30) (Signature) **W. Simpson**(31) (Signature) **W. Simpson**(32) (Signature) **W. Simpson**(33) (Signature) **W. Simpson**(34) (Signature) **W. Simpson**(35) (Signature) **W. Simpson**(36) (Signature) **W. Simpson**(37) (Signature) **W. Simpson**(38) (Signature) **W. Simpson**(39) (Signature) **W. Simpson**(40) (Signature) **W. Simpson**(41) (Signature) **W. Simpson**(42) (Signature) **W. Simpson**