

(1) PLACE OF BIRTH

County of Oconee
 Township of Venice
 or
 Loc. Town of Venice
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

31474

Registration District No. 35/2Registered No. 13
(For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Grace Rachel Greenhaw

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

3 SEX OR GENDER girl 4 Twin or Triplet? no 5 Number in order of birth 1 6 Are Parents Married? yes 7 DATE OF BIRTH Sept. 10 19 22
 (Name) (Month) (Day) (Year)

FATHER.

8 FULL NAME Lawrence Greenhaw9 PRESENT POSTOFFICE OF FATHER Venice S.C.10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 20 (Year)12 BIRTHPLACE Oconee13 OCCUPATION carpenter14 Number of children born to mother, including present birth 1

MOTHER.

15 NAME BEFORE MARRIAGE Lillian Gillespie16 PRESENT POSTOFFICE OF MOTHER Venice S.C.17 COLOR OR RACE white 18 AGE AT LAST BIRTHDAY 18 (Year)19 BIRTHPLACE Andersons Co20 OCCUPATION wife21 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Shubling

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Venice S.C.

Given name added from a supplemental report

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

(27) Filed 10/10 19 22 (28) 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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