

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....City of Charleston

(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

80508

Registration District No. 9ARegistered No. 1091

(For use of Local Registrar)

St. .... Ward)

(2) Full Name of Child Virnie Dorothy Greenhill

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH 1st Oct 1916

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Henry Greenhill(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 34

(Years)

(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION mill-wright(20) Number of children born to mother, including present birth 7

## MOTHER

(14) NAME BEFORE MARRIAGE Edna E White(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 30

(Years)

(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. D. D. D. D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

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(26) Witness

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

(27) Filed 10/12/16

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report as soon as a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.

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Registrar

Filed 10/3119 16

J. L. Hargren, M.D.

Corrected:

JUN 20 1940

LEON HARGY, M.D.

REGISTRAR