

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

Inc. Town of

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 Health

File No.—For State Registrar Only

90097

Registration District No. 2209Registered No. 579  
(For use of Local Registrar)(2) Full Name of Child Victoria Koury

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

(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 7 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME <u>John Koury</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>City</u>	(12) BIRTHPLACE <u>Syracuse</u>	
(13) OCCUPATION <u>Salesman</u>		

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Bourky Koury</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>City</u>	(18) BIRTHPLACE <u>Syracuse</u>	
(19) OCCUPATION <u>Domestic</u>		

(20) Number of children born to mother, including present birth 1(21) 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 1145 F.M. on the date above stated. (Born alive or stillborn) (Hour & M. of P.M.)(23) (Signature) Dr. T. Moore  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
physician Greenville

Given name added from a supplemental report

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

(27) Filed Dec 11 1916 (28) A H Mackley  
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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N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. H.  
McCaw