

(1) PLACE OF BIRTH

County of Pickens
Township of
or
Inc. Town of
or
City of Casley

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

File No.—For State Registrar Only
31782

Registration District No. 37-A Registered No. 134
(For use of Local Registrar)
(No. St. Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 15, 1927
(Name) (Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Hyman W. Greer

(14) NAME BEFORE MARRIAGE Annie Fricke

(9) PRESENT POSTOFFICE OF FATHER Casley

(15) PRESENT POSTOFFICE OF MOTHER Casley

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Textile worker

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 8

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. B. Bell
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Casley

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) Ch. Nyanteh

(27) Filed Oct. 2, 1927 (28) Ch. Nyanteh 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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