

## (1) PLACE OF BIRTH

County of GreenvilleTownship of 11or  
Inc. Town of .....or  
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

18868

Registration District No. 2209B Registered No. 270  
(For use of Local Registrar)(No. 232 Henderson St.; City View Ward)(2) Full Name of Child Lily Dempsey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6/23</u> 18 <u>22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Marshall L. Dempsey(9) PRESENT POSTOFFICE OF FATHER 232 Henderson St. City View(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE Dorchester SC(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Flossie Feknet(15) PRESENT POSTOFFICE OF MOTHER 232 Henderson St. City View(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Pacolet SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. C. Watson (25) Address of Physician or Midwife 211 Anderson St.(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Filed June 25 1922 (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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N. B.—In case of TWINS or TRIPLETS use a different No. 2, etc., in question 5. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.

N.

MCCAW