

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of Montgomery

(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

24548

Registration District No. 22ARegistered No. 441
(For use of Local Registrar)(2) Full Name of Child Bess Helen Maroney

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Aug. 31, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. E. Maroney(9) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE Anderson, S.C.(13) OCCUPATION Telephone Business(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bess Helen(15) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Fountain Inn S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was... Born alive ...at 5:55 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) [Signature](23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed Sept 3, 1923(27) C. E. Smith

Local Registrar.

19 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.