

## (1) PLACE OF BIRTH

County of Greenville  
 Township of GREENVILLE, S.C.

Inc. Town of .....

City of Greenville

## CERTIFICATE OF BIRTH

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

No. 1a.—for State Registrar Only

4055

Registration District No. 22097 Registered No. 41  
 (For use of Local Registrar)

(No. .... Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Dora Mary Catherine If child is not yet named, make supplemental report as directed

SEX OR GILT girl (1) Twin or Triplet No (2) Number in order of birth 1  
 To be answered only in event of Twin or Triplet

Are Person Married? No DATE OF BIRTH Feb 25 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(1) FULL NAME Robert H. Hines

(2) PRESENT POSTOFFICE OF FATHER Home

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE Unknown

(13) OCCUPATION Unknown

(14) Number of children born to mother, including present birth 1

## MOTHER.

(10) NAME BEFORE MARRIAGE Mary C. Hines

(11) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)

(18) BIRTHPLACE Unknown

(19) OCCUPATION Nurse

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:50 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bessie S. Stanford, R.M. (24) State whether Physician or Midwife

(25) Address of Physician or Midwife C. M. P. M. Hosp. Greenville S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Mar 4 1923 (28) A. S. P. M. Hines 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.