

CERTIFICATE OF BIRTH

County of Grenville.....

Township of

Inc. ^{or} Type of

or Greenville, S.C.

City of _____
(if birth occurs in a hospital or

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

STATE DEPT. OF HEALTH

Registration District No. 22a

123 North 90th Ave.

other institution, give name of same

File No.—For State Boundary Cases

21083

(2) **Full Name of Child.**

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

(3) BOY OR GIRL

(4) Twin
or triplet?

(5) Number in order of birth

(6) Are Parents Married? **YES**

(7) DATE OF BIRTH July 16th 23
(Name of Month) (Day) (Year)

FATHER

MOTHER.

2) FULL NAME J. C. Mauldin

(14) **NAME BEFORE MARRIAGE** Tracy, Alice

(1) PRESENT
POSTOFFICE BOX 1770, D.C.
OF FATHER

(15) PRESENT
POSTOFFICE
OF MOTHER Greenville, S. C.

(ii) AGE AT LAST BIRTHDAY 37
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(11) BIRTHPLACE

(10) BIRTHPLACE

11) OCCUPATION

(19) OCCUPATION

1. Number of children born to mother, including present birth

(21) Number of children of this mother
now living, including present birth {...one....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child on 10-14-40 at St. Joseph's Hospital, St. Louis, Mo. on the date above stated. born alive or stillborn (Enter A. M. or P. M.)

(23) (Signature) _____

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witnesses

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

(27) Filed

July 18, 1923

(28)

D. E. Smith

*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 28th month of pregnancy.