

(1) PLACE OF BIRTH

County of Greenville

Township of

or Inc. Town of

or City of Greenville

(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

4272

Registration District No. 22ARegistered No. 71

(For use of Local Registrar)

(No. 314 Calhoun St.)

St.; Ward) (d)

(2) Full Name of Child Edward Mimms

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? None(5) Number in order of birth 1st(6) Are you Married? Yes(7) DATE OF BIRTH Feb. 14

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscar Mimms(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Plasterer(14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Williams(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION House work(20) 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 at 9:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Solomon

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

Midwife 123 Echols St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 16 1922

(28)

C. Smith

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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