

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

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

No. 24532

24532

Registration District No. 22aRegistered No. 487

(For use of Local Registrar)

(No. 120 Bailey St.; 3rd Ward)(2) Full Name of Child Mary Lee Roman

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

(3) BOY OR GIRL girl(4) Type of Triplet no(5) Number in order of birth 2(6) Are Parents Married yes(7) DATE OF BIRTH Aug 4 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willis Roman(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Teamster(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Catherine Chickadee(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 1 p.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) D. B. Bailey M.D.

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

Given name added from a supplemental report

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

(26) Signed Aug 28 1923 (27) C. E. 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.

FIFTH Month of pregnancy

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.