

(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

File No.—for State Registrar

3951

Registration District No. 32ARegistered No. 53
(For use of Local Registrar)(No. 1131 Richardson St.; First Ward)

(2) Full Name of Child

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

(1) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1
To be answered only in case of Twin or Triplet(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A.P. Herd
(9) PRESENT POSTOFFICE OF FATHER 1131 Richardson Street(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY about 32
(Year)(12) BIRTHPLACE No. Car.(13) OCCUPATION Clerk S B T and Tel Co(14) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Annie Lay Kind(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY about 28
(Year)(18) BIRTHPLACE So. Car.(19) OCCUPATION Housewife(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 alive at 11:45 P.M.
on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)(22) (Signature) W. C. Smith(23) State whether Physician or Midwife physician(24) Address of Physician or Midwife Greenville

(Given name added from a supplemental report)

(25) Witness

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

(26) Filed Feb 10 19 23(27) Local Registrar W. C. Smith

(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.

before the fifth month of pregnancy.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.
WHEN PLAINLY, WITH UPWARD INCLINATION, IS A PERMANENT RECORD FOR EACH CHILD, AND MADE BY
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, No. 2, etc., in question 1
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1