

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of Greenville, S.C.

(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

17740

Registration District No. 22A Registered No. 310

(For use of Local Registrar)

No. Cock St. Ward

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

(2) Full Name of Child William Henry

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Parents Married? Yes(7) DATE OF BIRTH June 28, 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Henry(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 10 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION laborer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Brown(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Washing(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 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Mary Solonaa(23) State whether Physician or Midwife (24) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) June 30, 23 (27) 1923

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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