

(1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of GreenvilleCity of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

21147

Registration District No. 1200Registered No. 79
(For use of Local Registrar)(No. 1200 St. 1200 Ward 1200)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie May Carmichael (If child is not yet named, make supplemental report as directed)

(3) SEX <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 3, 1923</u> (Month of Birth) (Day) (Year)
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FATHER.

(8) FULL NAME Irving Carmichael(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE B.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Olga Young(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE B.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated.
(Born alive or stillborn) (Hour) (M. or P.M.)(23) (Signature) M.D. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Aug. 10, 1923 (28) L. L. Richardson 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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