

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Greenwood

Township of

or
Inc. Town of Greenwood

or
City of

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

2. FULL NAME OF CHILD Daisey Ellen Perkins

3. ~~Boy~~ or Girl If Plural births { 4. Twin, triplet or other..... 6. Premature..... 7. Are Parents Married? Yes 8. Date of birth Nov. 4, 19 23 (Month, day, year)

9. Full name FATHER James Edward Perkins
Duke St.

10. Residence (mailing address) (If non-resident, give place and State) S. Greenwood, S. C.

11. Color or race White 12. Age at last birthday 20 (Years)

13. Birthplace (city or place) Hewberry, S. C. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Frame Hand

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cotton Mill

16. Date (month and year) last engaged in this work At Present, 19.....

17. Total time (years) spent in this work 23 Yrs

18. Name before marriage MOTHER Janie Blackstock
Duke St.

19. Residence (mailing address) (If non-resident, give place and State) S. Greenwood, S. C.

20. Color or race White 21. Age at last birthday 27 (Years)

22. Birthplace (city or place) Laurens County, S. C. (State or country)

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Spinner

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Cotton Mill

25. Date (month and year) last engaged in this work At Present, 19.....

26. Total time (years) spent in this work 24 Yrs.

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living I (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... at..... m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplementary report..... (Date of)

Registrar.

(Signed) J. J. Scurry, M.D.

or..... Midwife.

Address Greenwood

Filed Dec. 1, 19 39 M. B. Woodward, M.D.

Registrar.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 23-A

Registered No.
(For use of Local Registrar)

(No. Duke St.; Greenwood Mill Ward)

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

23 046599

Only

2244