

(1) PLACE OF BIRTH
County of Greenville

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

395?

Township of

Inc. Town of

Registration District No. 22A

Registered No. 50

(For use of Local Registrar)

City of Greenville, S. C.

(No. 129 Atwood St.)

1st

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

2) Full Name of Child Not Named

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

3) SEX OR GIRL Girl

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 3rd, 23

(Month) (Day) (Year)

FATHER

(8) NAME Cane Leger

(9) PRESENT OFFICE Greenville, S. C.

(10) COLOR Colored

(11) AGE AT LAST BIRTHDAY 34

(12) BIRTHPLACE Greenville, S. C.

(13) OCCUPATION Day laborer

(14) Number of children born to including present birth 14

MOTHER

(15) NAME BEFORE MARRIAGE Lillie Chainey

(16) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.

(17) COLOR OR RACE Colored

(18) AGE AT LAST BIRTHDAY 33

(19) BIRTHPLACE

Greenville, S. C.

(20) OCCUPATION

Housework

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was Alive at 2:00 A. M. on the date above stated.

(23) (Signature) Bessie Neal

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 73 Kings Alley

(26) Witness O. L. Simpson

(27) Signed Feb 3, 1923 (28) 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.