

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

30577

County of Greenville

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Greenvilleor GreenvilleInc. Town of GreenvilleCity of GreenvilleRegistration District No. 2306Registered No. 134

(For use of Local Registrar)

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

(2) Full Name of Child Mary Donaldson

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9/4/22</u>
				(Name) (Month) (Day) (Year)

FATHER

(9) FULL NAME Elliot Donaldson(6) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46 (Years)(12) BIRTHPLACE Greenville(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

MOTHER

(14) NAME BEFORE MARRIAGE Ellie Williams(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Greenville(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 AM on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Dr. S. H. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys Greenwood

Given name added from a supplemental report

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

(27) Signed SP Brooks (28) 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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