

(1) PLACE OF BIRTH  
County of Greenville  
Township of .....

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

File No. 24528

Inc. Town of ..... Registration District No. 22a Registered No. 420  
or .....  
City of Greenville (No. Dunbar St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 7th</u> , 19 <u>23</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>Geo. B. Newton</u>			(14) NAME BEFORE MARRIAGE <u>Sarah Arnold</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S. C.</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>	
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>Brick mason</u>			(19) OCCUPATION <u>Laundry</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 8:50 A. M. on the date above stated.  
(23) (Signature) Wm. Boland  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dunbar St.

(Given name added from a supplemental report) .....  
..... 191...  
.....  
Registrar (26) Witness (Signature of Witness necessary only when question 22 is signed "Mark")  
(27) Aug 9, 1923 (28) C. 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.

..... month of pregnancy.

McGraw-Hill of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2, use a separate blank for each child, and mark the