

(1) PLACE OF BIRTH

County of Greenville
 Township of Highland
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Register Only
14265

Registration District No. 9-311 Registered No. 18
 (For use of Local Registrar)

(No. 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 LESLIE If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of child at birth 29 (7) DATE OF BIRTH Mar 14 1923
 To be covered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank King
 (9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION H.R.

MOTHER.

(14) NAME BEFORE MARRIAGE Corris Hill
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) T. B. McLean (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 9, 1923 (28) S. J. Wilson 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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