

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD
 In case of twins or triplets use a separate blank for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Greenville
 Township of
 or
 Inc. Town of Greenville
 or
 City of Greenville
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

7183

Registration District No. 2409B

Registered No. 24
 (For use of Local Registrar)

(2) Full Name of Child

Boy: Franklin Forten
 If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Aug 8, 23
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Frank A. Forten

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 38 (Year)

(12) BIRTHPLACE Pickens Co

(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Eta Bailey

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 27 (Year)

(18) BIRTHPLACE Greenville Co

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4 (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 at 8:40 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Taylor

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

Given name of child from a supplemental report

(26) Witness (Signature of witness necessary when question 22 is signed by mother)

(27) Date Mar 1, 23 (28) Thor