

(1) PLACE OF BIRTH

County of Greenmill
Township of C5

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17797

Inc. Town of Registration District No. 2204 Registered No. 99
(For use of Local Registrar)
City of (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 } If child is not yet named, make supplemental report as directed

BOY OR GIRL? GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6 23
(Specify month, day, and year)

FATHER.
(8) FULL NAME Oline L Crain
(9) PRESENT POSTOFFICE OF FATHER Green SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Green
(13) OCCUPATION Teacher
(14) Number of children born to mother, including present birth Two

MOTHER.
(14) NAME BEFORE MARRIAGE Paul Gray Holmyersmith
(15) PRESENT POSTOFFICE OF MOTHER Green SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Green SC
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 6:10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Thurn O'Neal
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Green SC

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by Physician)

(26) Filed 7-24-1912 (27) J. J. ... 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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