

(1) PLACE OF BIRTH

County of Greenville
Township of CS

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
orRegistration District No. 2204Registered 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

(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>June 6 1923</u> (Name of Month) (Day) (Year)
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FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Paula May Hollingsworth(15) PRESENT POSTOFFICE OF MOTHER Greenville SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Greenville(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 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Thurs O. Wachs(23) State whether Physician or Midwife (24) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report

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

(26) Filed 7-24-1923 (27) 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.

When there was no attending physician or midwife, then the mother, 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.