

(1) PLACE OF BIRTH
County of Berkley
Township of 2nd
or Town of
City of
(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

File No.—For State Register Only
31888

Registration District No. 1703 Registered No.
(For use of Local Registrar)

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

(3) SEX OR GENDER <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 12 1923</u> (Name of Month) (Day) (Year)
----------------------------------	---	--	--	---

FATHER.		MOTHER.	
(8) FULL NAME <u>Charles J. Greer</u>	(14) NAME BEFORE MARRIAGE <u>Kater Linnors</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Gaithersburg</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>—</u>		
(10) COLOR OR RACE <u>Caucasian</u>	(16) COLOR OR RACE <u>Caucasian</u>		
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Idaho</u>	(18) BIRTHPLACE <u>Idaho</u>		
(13) OCCUPATION <u>Laborer</u>	(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Mary Josephine at 2 A.M., on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Sarah J. Hatt
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ashley

Given name added from a supplemental report _____

Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)

Filed Nov 12 1923. (26) a.m. Hatt
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.