

(1) PLACE OF BIRTH

County of Greenville, S.C.
 Township of Santt

CERTIFICATE OF BIRTH

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

File No. for State Registrar Only
10864

or
 for Town of Registration District No. 2207 Registered No. 12
 or
 City of (No. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Georgia Dalton 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 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 12 1900
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Lee Dalton (14) NAME BEFORE MARRIAGE Fannie Harris
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C. (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 36 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28
 (Years) (Years)
 (12) BIRTHPLACE unknown (18) BIRTHPLACE unknown
 (13) OCCUPATION Farmer (19) OCCUPATION
 (20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sylvia C. Perkins
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mauldine, S.C.

Given name added from a supplemental report

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

(27) Filed 101 (28) 210 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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