

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

Inc. Town of Greenville

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

Registration District No. 1151

File No.—For State Registrar Only

17171

Registered No. 552  
(For use of Local Registrar)

(2) Full Name of Child Robert James

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet To be answered only in case of Twin or Triplet	5. Number in order of birth	6. Are Parents Married <u>Yes</u>	7. DATE OF BIRTH (Name of Month) (Day) (Year) <u>June 19 1923</u>
FATHER.				MOTHER.
8. FULL NAME <u>Robert James</u>				14. NAME BEFORE MARRIAGE <u>Robert James</u>
9. PRESENT POSTOFFICE OF FATHER <u>Greenville</u>				15. PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>
10. COLOR OR RACE <u>White</u>				16. COLOR OR RACE <u>White</u>
11. AGE AT LAST BIRTHDAY (Year) <u>2</u>				17. AGE AT LAST BIRTHDAY (Year) <u>2</u>
12. BIRTHPLACE <u>Greenville, S.C.</u>				18. BIRTHPLACE <u>Greenville, S.C.</u>
13. OCCUPATION <u>None</u>				19. OCCUPATION <u>None</u>
20. Number of children born to mother, including present birth <u>2</u>				21. Number of children of this mother now living, including present birth <u>2</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed 6/14/23 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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