

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

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. 22A Registered No.

(For use of Local Registrar)

(2) Full Name of Child Johnnie Quarles Jr. (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>BOY</u>	4) Twin or Triplet	5) Number in order of birth	6) Are parents married <u>Yes</u>	7) DATE OF BIRTH <u>Feb. 20, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Johnnie Quarles(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Abbeville, S.C.(13) OCCUPATION Common labor(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Weston(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Abbeville, S.C.(19) OCCUPATION Housework(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ALIVE 10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Williams(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bates Line #5

Given name added from a supplemental report

(26) Witness Dr. Simpson
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 15, 1923 (28) C. E. Smith
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.

REMARKS: THIS SPACE IS TO BE USED FOR REMARKS BY THE REGISTRAR OR BY THE PHYSICIAN OR MIDWIFE ATTENDING THE BIRTH. IT IS NOT TO BE USED FOR THE RECORD OF THE CHILD'S HISTORY, OR FOR THE RECORD OF THE CHILD'S VITAL STATISTICS.

Bureau of Census, Columbia, S. C.