

(1) PLACE OF BIRTH

County of *Anderson*Township of *William*or  
No. Town of *Lakeside*

City of .....

## CERTIFICATE OF BIRTH

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

No. for State Registrar Only

12787

Registration District No. *3D*Registered No. *62*  
(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>9</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>May 19 1923</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Jim Green</i>			(14) NAME BEFORE MARRIAGE <i>Marie Clayton</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Plym</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>SO</i>	
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>	
(11) AGE AT LAST BIRTHDAY <i>43</i> (Year)			(17) AGE AT LAST BIRTHDAY <i>38</i> (Year)	
(12) BIRTHPLACE <i>Greenville County</i>			(18) BIRTHPLACE <i>SC</i>	
(13) OCCUPATION <i>Mill Work</i>			(19) OCCUPATION <i>Domestic</i>	
(20) Number of children born to mother, including present birth <i>9</i>			(21) Number of children of this mother now living, including present birth <i>9</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. D. Denny*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
*Plym SO*

Given name added from a supplemental report

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

(27) Filed *July 7 1923* (28) Local Registrar  
*J. S. Cleveland*

\*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.