

(1) PLACE OF BIRTH

County of

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

Division of Vital Statistics
State House of Representatives

Registration District No. 22A

No. 24525

Registered No. 409

(For use of Local Registrar)

(No. Agusta St St. 4 Ward)

(2) Full Name of Child John Alexander Buhl If child is not yet named, make supplemental report as directed

(3) SEX OR Boy (4) Type Full (5) Number in 1st order of birth (6) DATE OF BIRTH Aug 19 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME E. C. De Buhl

(9) PRESENT RESIDENCE OF FATHER Greenville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 Years

(12) BIRTHPLACE Abbeville S.C.

(13) OCCUPATION Salesman

(14) Number of children born to mother, including present birth 3

MOTHER.

(16) FULL NAME Jalulah Pickett

(17) PRESENT RESIDENCE OF MOTHER Greenville S.C.

(18) COLOR OR RACE white (19) AGE AT LAST BIRTHDAY 26 Years

(20) BIRTHPLACE Elberton S.C.

(21) OCCUPATION Housewife

(22) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) James E. Daniel M.D.

(25) State whether Physician or Midwife (26) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(28) Date Aug 20 1923 (29) C. E. Smith Local Registrar.

fifth month of pregnancy.

FIRST-BORN. No. 1. THE OTHER. No. 2. or. In question 1.