

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

County of Greenville
 Township of Greenville
 or Town of Greenville
 or City of Greenville

Registration District No. 70 Sub-district No. 1
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Edith Evelyn Arthur Pool (If child is not yet named, make supplemental report as directed)

(2) SEX Girl (3) Type or Triplet? None (4) Number in order of birth 1 (5) Are Parents Married? Yes (6) DATE OF BIRTH Feb 23 1920 (Name of Month, Day, Year)

FATHER
 (7) FULL NAME Jonie E. Pool
 (8) PRESENT POSTOFFICE OF FATHER 208 Main St Greenville S.C.
 (9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 25 (Years)
 (11) BIRTHPLACE Greenville S.C.
 (12) OCCUPATION Student

MOTHER
 (13) NAME BEFORE MARRIAGE Lola May Wynn
 (14) PRESENT POSTOFFICE OF MOTHER Same
 (15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 24 (Years)
 (17) BIRTHPLACE Greenville S.C.
 (18) OCCUPATION Housewife

(19) Number of children born to mother, including present birth 2
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 11:20 A.M.
 on the date above stated.

(22) (Signature) Chas. R. R. R.

(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife 155 S. Greenville

(25) Witness (Signature of Witness necessary only when question 23 is signed by midwife)

(26) (Signature) Thos. M. R.

When a birth occurs in a hospital or midwife, then the father, householder, etc., should make this report. No report is desired of midwife in fifth month of pregnancy.