

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor Greenville, S. C.City of (No. Casey St., St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Geneva Gillam(3) BOY OR GIRL Girl(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married?Yes

(7) DATE OF

BIRTH Dec. 26, 1922
(Name of Month) (Day) (Year)If child is not yet named, make
supplemental report as directed.

FATHER.

(8) FULL
NAME Willie Gillam(9) PRESENT
POSTOFFICE
OF FATHER Greenville, S. C.(10) COLOR
OR
RACE Colored (11) AGE AT LAST
BIRTHDAY 24
(Years)(12) BIRTHPLACE
S. C.

(13) OCCUPATION

Day Laborer(20) Number of children born to
mother, including present birth { 3

MOTHER.

(14) NAME BEFORE
MARRIAGE Gracie Lenhart(15) PRESENT
POSTOFFICE
OF MOTHER Greenville, S.C.(16) COLOR
OR
RACE Colored (17) AGE AT LAST
BIRTHDAY 22
(Years)(18) BIRTHPLACE
S. C.

(19) OCCUPATION

Laundress(21) Number of children of this mother
now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline Sullivan(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

212 Thurston St.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)(27) Jan 2, 1923(28) C. Smith

Local Registrar.

*When there was no attending physician or midwife, as either father, householder, etc., should make this return.
If a child breathes even once, it must be reported as such, whether born alive or stillborn. No report is desired or stillbirth
before the first month of pregnancy.