

(1) PLACE OF BIRTH:

County of GreenvilleTownship of GreenvilleInc. Town of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3518

Registration District No. 407Registered No. 407

(For use of Local Registrar)

City of Greenville (No. 1 St. 1 Ward 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child George W. Greaves

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

(1) SEX OR
AGE(4) Twin
or Triplet?(3) Number in
order of birth(5) Are
Parents
Married?(7) DATE OF BIRTH Feb. 1, 1913
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(14) NAME BEFORE
MARRIAGE Miss Greaves(15) PRESENT
POSTOFFICE
OF MOTHER Greenville(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 23
(Years)(18) BIRTHPLACE Greenville(19) OCCUPATION Teacher(21) Number of children of this mother
now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive at Greenville M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. W. Greaves

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife GreenvilleGive name called from a supplement-
al report

1913

(26) Witness

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

(27) Filed

1913

(28)

Local Registrar

If a child is born to a physician or midwife, then the father, householder, etc., should make this return. If
a child is born to a householder, then the father, householder, etc., should make this return. If
a child is born to a householder, then the father, householder, etc., should make this return. If
a child is born to a householder, then the father, householder, etc., should make this return. IfIf a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy

For Only

For Only

For Only

For Only

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