

(1) PLACE OF BIRTH

County of

Township of

Inc. of

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.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

26148

Registration District No. 27A Registered No. 385

(For use of Local Registrar)

(2) Full Name of Child

(1) Sex of Child Male (2) Sex of Mother Female (3) Date of Birth May 1 1922 (4) Test of Child? (5) Order of Birth (6) Are Parents Married? (7) DAY OF BIRTH (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Lee Bone (9) PRESENT POSTOFFICE OF FATHER 249 Choice Greenville (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years) (12) BIRTHPLACE N.C. (13) OCCUPATION Mill Operator (14) Number of children born to mother, including present birth 2

MOTHER: (14) NAME BEFORE MARRIAGE Marie Ullers (15) PRESENT POSTOFFICE OF MOTHER 249 Choice Greenville (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years) (18) BIRTHPLACE Greenville S.C. (19) OCCUPATION Domestic (20) 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 born alive or stillborn at 6 P.M. on the date above stated.

(23) Signature O. A. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filled Aug 19 1922 (28) Local Registrar

*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.

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1. PLACE OF BIRTH

County of Greenville

Township of _____

or

Inc. Town of _____

or

City of Greenville

(If birth occurs in hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD

Marie Lee Miller

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

3. BOY OR GIRL Girl

4. Twin or Triplet? _____

5. Number in order of birth _____

6. Age at Birth _____

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

8. NAME OF FATHER
Marlen Lee Boas9. PRESENT POSTOFFICE OF FATHER
115 Chace Greenville SC10. COLOR OR RACE W.11. AGE AT LAST BIRTHDAY 30
(Years)12. BIRTHPLACE
Union Co Nc13. OCCUPATION
Tree Work14. Number of children born to mother, including present birth { 2 }8. NAME OF MOTHER
Marie Lee Miller9. PRESENT POSTOFFICE OF MOTHER
Greenville SC10. COLOR OR RACE W.11. AGE AT LAST BIRTHDAY 20
(Years)12. BIRTHPLACE
Port Landry SC13. OCCUPATION
Domestic14. Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

2. I hereby certify that I attended the birth of this child, who was P. Alex at 10:00 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature [Signature]24. State whether Physician or Midwife _____ 25. Address of Physician or Midwife Greenville 9

Given name added from a supplemental report _____, 192 _____

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

27. Filed _____ 19 _____ 28. _____ Local Registrar

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.