

(1) PLACE OF BIRTH

County of GreenvilleTownship of Butler

Inc. Town of

City of

(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

17781

Registration District No. 2202 Registered No. 33

(For use of Local Registrar)

(2) Full Name of Child Hazel Louise Durham If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Yes (7) DATE OF BIRTH Feb 27, 23(8) FULL NAME Father (9) FULL NAME Mother(10) PRESENT POSTOFFICE OF FATHER Greenville, S.C. B-2 (11) PRESENT POSTOFFICE OF MOTHER Greenville, S.C. B-2(12) COLOR OR RACE Colored (13) AGE AT LAST BIRTHDAY 35 (14) COLOR OR RACE Colored (15) AGE AT LAST BIRTHDAY 32(16) BIRTHPLACE S.C. (17) BIRTHPLACE S.C.(18) OCCUPATION Farming (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.)(23) (Signature) Midwife(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville, S.C. B-2

Given name added from a supplemental report

(26) Witness F. R. Jones

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

(27) Filed July 13, 23 (28) F. R. Jones 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.