

(1) PLACE OF BIRTH

County of Greenville
Township of Paris Mt.or
Inc. Town ofCity of (No. 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 Billie Grace Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec, 11, 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hamilton B. Lrice(9) PRESENT POSTOFFICE OF FATHER Greenville R. 3(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Greenville Co(13) OCCUPATION Electrician

(14) Number of children born to mother, including present birth { }

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie B. Lillis(15) PRESENT POSTOFFICE OF MOTHER Greenville R. 3(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Greenville Co(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth { }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10.45 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) B. St. Andrews M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Dr. Andrews St. & C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Jan 10 1928 (28) John B. Hyster 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. 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.