

(1) PLACE OF BIRTH

County of GreenvilleTownship of Westsideor Inc. Town of Westsideor 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

4399

Registration District No. 2209ARegistered No. 5-8

(For use of Local Registrar)

(No. 26 St. W. 6th Ward)(2) Full Name of Child Floyd William Fisher child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 18 1927 (Name of Month) (Day) (Year)FATHER (8) FULL NAME Claud Fisher (9) PRESENT POSTOFFICE OF FATHER Marshall P.C. RR Box 46 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 20 (Years) (12) BIRTHPLACE NC (13) OCCUPATION FarmerMOTHER (14) NAME BEFORE MARRIAGE Elsie Conrad (15) PRESENT POSTOFFICE OF MOTHER Greenville 26 W. 6th St (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 16 (Years) (18) BIRTHPLACE SC (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. Fisher at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. L. Fisher(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Feb 1 1927 (28) W. M. M. 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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