

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

Inc. Town of WestCity 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

4043

Registration District No. 2209A Registered No. ....

(For use of Local Registrar)

(No. 2 Burdett St.; West 2 Ward)

## (2) Full Name of Child

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

3. BOY OR GIRL Girl 4. Twin or Triplet X 5. Number in order of birth 6

FATHER.

6. FULL NAME Clifton Jones7. PRESENT POSTOFFICE OF FATHER 2 Burdett St., West10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 38 (Years)12. BIRTHPLACE SS13. OCCUPATION Electrician14. Number of children born to mother, including present birth 66. Are Parents Married? Yes 7. DATE OF BIRTH 7/21/23 (Month) (Day) (Year)

MOTHER.

14. NAME BEFORE MARRIAGE Minnie Wright15. PRESENT POSTOFFICE OF MOTHER same16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 35 (Years)18. BIRTHPLACE VA.19. OCCUPATION housework20. 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 6 A.M. on the date above stated. (Born alive or stillborn. Hour A.M. or P.M.)(23) (Signature) Dr. J. S. ... (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date July 16, 1923 (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.