

PLACE OF BIRTH
 County of Charleston
 Township of _____
 or
 Town of _____
 or
 City of Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 9A

FILE No.—For State Registrar Only
21290-a
 Registered No. 1012a
 (For use of Local Registrar)

FULL NAME OF CHILD Charlie Greer
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)
 (No. 2 A. St. St.; Ward Ward)
 If child is not yet named, make supplemental report as directed.

Boy or Girl Boy If Plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____
 6. Premature. _____ Full term _____
 7. Are parents married? YES
 8. Date of birth July 26, 1922
 (Month, day, year) 19__

FATHER
 Full name William Greer
 Residence (usual place of abode) (If non-resident, give place and State) 2 A. St.
Col. Color or race 12. Age at last birthday 26 (Years)
 Birthplace (city or place) (State or country) Mt. Pleasant, S.C.

MOTHER
 Full maiden name Rebecca Owens
 19. Residence (usual place of abode) (If non-resident, give place and State) 2 A. St.
Col. 20. Color or race 21. Age at last birthday 21 (Years)
 22. Birthplace (city or place) (State or country) Williamsburg, Co. S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad
 16. Date (month and year) last engaged in this work _____ 19__
 17. Total time (years) spent in this work _____

OCCUPATION
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At home.
 25. Date (month and year) last engaged in this work _____ 19__
 26. Total time (years) spent in this work _____

Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
 If stillborn, period of gestation _____ { months _____ weeks _____ 29. Cause of stillbirth _____
 Before labor _____
 During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 8 P.M. on the date above stated.
 (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Recorded by Mother
Martha Robinson, Midwife

Give name added from a supplemental report _____ (Date of) _____
 Registrar.

Address now dead
 Filed Sept. 13, 1927 Leon Banov, M.D.
 Registrar.

Registrar.

Registrar.

Adopted: January 21, 1925

STATE OF SOUTH CAROLINA)

COUNTY OF CHARLESTON)

PERSONALLY appeared before me, Emma G. Pregnall, a Notary Public of South Carolina, Rebecca Greer, who being duly sworn says and deposes that she is the mother of Charlie Greer, who was born in the City of Charleston on July 26, 1922: that the midwife who attended her did not record this birth and is now dead: that there is at present no one whom she can get to swear to the birth of this child: that none of her family were with her and that she has given the answers on the attached return of birth and that they are true and correct.

SWORN to before me

Rebecca Greer

this 13th day of September, A.D. 1933.

Emma G. Pregnall
Notary Public, S.C.