

## (1) PLACE OF BIRTH

County of .....

Township of Greenvilleor Inc. Town of Greenville

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

28003

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

(For use of Local Registrar)

(No. 413 Greenville Marathon Ward)(2) Full Name of Child J. L. Sweet

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

3 SEX OR

4 Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Sept 24 1923

(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME

J. L. Sweet

9 PRESENT POSTOFFICE OF FATHER

Greenville SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

Jersey

(13) OCCUPATION

Teacher

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ladie Simpson

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Shanaburg

(19) OCCUPATION

Domestic

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. L. Sweet

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Greenville

Given name added from a supplemental report

(25) Witness

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

(26) Filed

Sept 25 1923

(27)

A. H. Mackey

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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