

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

18902

County of GreenvilleTownship of GreenvilleOR
Inc. Town of.....OR
City of.....Registration District No. 2213 Registered No. 51
(For use of Local Registrar)

(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 William Southern If 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

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH June 5, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clon Southern(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY.....

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Tilda Peaboff(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY.....

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) 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 born at 1:45 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Ann Dixon(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 8, 1922(28) Albert W. Nover
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.