

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of Piedmont

or

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

35000

Registration District No. 22 Registered No. 68

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Sept 14 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Beach Holbrow</u>			(14) NAME BEFORE MARRIAGE <u>Vivian Hargis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Piedmont S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 544 A.M. on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)(23) (Signature) A. H. Campbell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianPiedmont

Given, name added from a supplemental report

(26) Witness

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

(27) Filed 105-22

(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.