

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 1.

(1) PLACE OF BIRTH

County of Greenville

Township of

or
 Inc. Town of

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

No. 1a.—For State Registrar Only

24524

Registration District No. 22A

Registered No. 406

(For use of Local Registrar)

500 Birnie St. (St.) (City or Town or Ward)

(2) Full Name of Child Alpha Lee Bailey

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

(3) SEX OF CHILD girl (4) Type of Infant To be covered only in case of Twins or Triplets (5) Number of other living children 2 (6) Are parents married Yes (7) DATE OF BIRTH Aug 8 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robt. E. Bailey

(9) PRESENT RESIDENCE OF FATHER 500 Birnie St

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Left op.

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Terrell Godfrey

(15) PRESENT RESIDENCE OF MOTHER same

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Left op.

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11 A.M. on the date above stated. (Name of physician or midwife) (Hour A. M. or P. M.)

(23) (Signature) John B. Hill M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Date Aug 16 1923 (28) C. E. Smith 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.

sixth month of pregnancy.
 seven to pregnancy.