

(1) PLACE OF BIRTH

County of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

90106

Township of GreenvilleInc. Town of West GreenvilleCity of West GreenvilleRegistration District No. 2209Registered No. 591

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Francis Grumbles

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 <small>to be answered only in case of twins or triplets</small>	(6) Are <u>Yes</u> Parents Married?	(7) DATE OF BIRTH <u>Dec. 28</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER

(8) FULL NAME Andrew B. Grumbles(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. 127 Traders St.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Trader(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Mary M. Porter(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. 127 Traders St.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Not any

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 3 days at 11:51 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. J. Giles M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 30 6 (28) 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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