

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of Greenville (No. St.; Ward)

(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

Registration District No. 22ANo. 40531 (For use of Local Registrar)Registered No. 678

(For use of Local Registrar)

(2) Full Name of Child Helms Lewis Slango

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

(3) SEX OF CHILD Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Age of mother

(7) DATE OF BIRTH Sept 28

(Name of child) (Day) (Year)

FATHER.

(8) FULL NAME Leo Slango(9) PRESENT POSTOFFICE OF FATHER 247 Chestnut St Greenville(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE Spartanburg SC(13) OCCUPATION Mill

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Euter(15) PRESENT POSTOFFICE OF MOTHER 247 Chestnut St Greenville(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE Hillsboro(19) OCCUPATION Dom.(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Chas. E. Smith

(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 22 is signed by mother)

(27) Filed Jan 14 1924(28) C. E. Smith Local Registrar.

When there was no attending physician or midwife, when 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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