

(1) PLACE OF BIRTH

County of GreenvilleTownship of 1st

or

Loc. Town of Greenville

or

City of Greenville

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

21117

Registration District No. 24ARegistered No. 396
(For use of Local Registrar)(No. 316 Clinton St.; 1st Ward)(2) Full Name of Child Emily Grace Borkshutt If child is not yet named, make supplemental report as directed3) BOY OR GIRL Girl

4) Twin or Triplet

5) Number in order of birth

6) Are Parents Married Yes7) DATE OF BIRTH July 4 1923

FATHER

8) FULL NAME John Fred Borkshutt9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.
316 Clinton10) COLOR OR RACE W.11) AGE AT LAST BIRTHDAY 61 (Years)12) BIRTHPLACE Germany13) OCCUPATION Tailor20) Number of children born to mother, including present birth 7

MOTHER

14) NAME BEFORE MARRIAGE Julie Theresa Carter15) PRESENT POSTOFFICE OF MOTHER Same16) COLOR OR RACE W.17) AGE AT LAST BIRTHDAY 38 (Years)18) BIRTHPLACE S.C.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (B. born or stillborn. (Hour 7:30 A. M. or P. M.))(23) (Signature) C. L. J. Williams(24) State whether Physician or Midwife Physician(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 22 is signed by mark)

(27) Filed Aug 9 1923

(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.

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