

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Green Springs  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 400 Registered No. 21  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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

(1) BOY OR GIRL <u>girl</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Sex <u>girl</u>	(5) DATE OF BIRTH <u>Sept 30, 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(6) FULL NAME <u>Miss Alice Fleming</u>			(7) NAME BEFORE MARRIAGE <u>Edna Fleming</u>	
(8) PRESENT POSTOFFICE OF FATHER <u>Green Springs</u>			(9) PRESENT POSTOFFICE OF MOTHER <u>Green Springs</u>	
(10) COLOR OR RACE <u>White</u>			(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	
(12) BIRTHPLACE <u>Green Springs</u>			(13) BIRTHPLACE <u>Green Springs</u>	
(14) OCCUPATION <u>Housewife</u>			(15) OCCUPATION <u>Domestic</u>	
(16) Number of children born to mother, including present birth <u>3</u>			(17) Number of children of this mother now living, including present birth <u>4</u>	

## 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.

(23) (Signature) L. J. McCall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
412

Given name added from a supplemental report

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

(27) Filed Oct 8, 1923 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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