

Fill in Part B, Item No. 1, THE OTHERS, No. 2, etc. in questions 6, 8, etc. for each child, and mark the

(1) PLACE OF BIRTH  
County of *Saluda*  
Township of *H 2*

or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same) *No.....* instead of street and number)

(2) Full Name of Child. *Casson Greek*

(3) BOY OR  
GIRL? *Boy*

(4) Twin  
or Triplet? *1st born only is twin of twin & triplet*

(5) Number in  
order of birth

(6) Are  
Parents  
Married? *Yes*

(7) DATE OF  
BIRTH *8/3/32*  
(Name of Month) (Day) (Year)

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

FATHER.

(8) FULL  
NAME *Lawson Greek*

(9) PRESENT  
POSTOFFICE  
OF FATHER *Ridge Spring*

(10) COLOR  
OR  
RACE *Black*

(11) AGE AT LAST  
BIRTHDAY *42*  
(Years)

(12) BIRTHPLACE *Saluda Co., S.C.*

(13) OCCUPATION *Farm Labour*

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

*12*

(14) NAME BEFORE  
MARRIAGE *Mary Greek*

(15) PRESENT  
POSTOFFICE  
OF MOTHER *Ridge Spring, S.C.*

(16) COLOR  
OR  
RACE *Black*

(17) AGE AT LAST  
BIRTHDAY *37*  
(Years)

(18) BIRTHPLACE *Aiken Co., S.C.*

(19) OCCUPATION *House wife*

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

*11*

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *8 A.M.*  
on the date above stated.

*Born alive or stillborn* (Hour A.M. or P.M.) *Oct 10, 1932*

(23) (Signature) *Dr. Lawson Greek*

(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Ridge Spring*

Given name added from a supplemen-  
tal report

*191....*

Registrar

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

(27) Filed *Oct 10, 1932* (28) *J. W. Crouch*  
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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*11*

File No.—For State Registrar Only

**32042**

**73**

(For use of Local Registrar)  
St. .... Ward)

Registration District No. *3901*. Registered No. *73*  
(No. .... instead of street and number)