

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of Greenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

91074

Registration District No. 22A

Registered No. 541

(For use of Local Registrar)

(No. 125 Haynes St. Ward)

(2) Full Name of Child

Boy or Girl Boy (4) Twins or Triplets No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 4, 1933

FATHER. (8) FULL NAME Marvin Abernethy

MOTHER. (14) FULL NAME Joseph Polunin

(9) PRESENT POSTOFFICE OF FATHER City

(15) PRESENT POSTOFFICE OF MOTHER City

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30 (Year)

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 26 (Year)

(12) BIRTHPLACE Aurens, Co

(18) BIRTHPLACE Greenville, Co.

(13) OCCUPATION Butcher

(19) OCCUPATION Laundress

(20) Number of children born to mother, including present birth 6

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born born alive 1933, on the date above stated. (Born alive or stillborn (Hour 8 M. or P. M.))

(23) (Signature) L. B. Morrison (24) State whether Physician or Midwife (25) Address of Phys. or Midwife

Given name added from a supplemental report

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

(27) Filed July 17, 1933 (28) E. L. ... 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.

DEPARTMENT OF COLUMBIA, COLUMBIA S