

(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

(2) Full Name of Child Marvin Aheerom

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 22A(No. 125 Heavens St.)

No. 12. - For State Registrar Only

81074Registered No. 541
(For use of Local Registrar)

Ward

If child not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>July 4, 1933</u>
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FATHER		MOTHER	
8) FULL NAME <u>Marvin Aheerom</u>	14) NAME OF MOTHER <u>Joseph Robinson</u>		

9) PRESENT POSTOFFICE OF FATHER <u>City</u>	15) PRESENT POSTOFFICE OF MOTHER <u>City</u>
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10) COLOR OR RACE <u>Coc</u>	11) AGE AT LAST BIRTHDAY <u>30</u>	16) COLOR OR RACE <u>Coc</u>	17) AGE AT LAST BIRTHDAY <u>26</u>
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12) BIRTHPLACE <u>Laurens, Co</u>	18) BIRTHPLACE <u>Greenville, Co</u>
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13) OCCUPATION <u>Butcher</u>	19) OCCUPATION <u>Laundress</u>
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20) Number of children born to mother, including present birth <u>6</u>	21) Number of children of this mother now living, including present birth <u>4</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born born alive on the date above stated. (Hour 10:30 A. 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) 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.