

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of Greenville, S. C. No. 520 Elford St. Ward) (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

File No.—For State Registrar Only

17721

(2) Full Name of Child Jas. Henry Agnew If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 5th, 23 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Agnew(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Public work(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Lizzie Logan(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline Sullivan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife 212 Thurston St.,

(Given name added from a supplemental report)

(26) Witness W. J. Jackson

(Signature of Witness necessary only When question 23 is signed by Mark)

(27) Filed June 13, 1923 (28) C. E. Smith 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.

before the fifth month of pregnancy.