

(1) PLACE OF BIRTH:

County of

Greenville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24550

Township of

Piedmont

Inc. Town of

Piedmont

Registration District No. 22

Registered No. 165

(For use of Local Registrar)

City of

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

(2)

Full Name of Child.

Bertie McCollough

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Robt. McCollough

(9) PRESENT POSTOFFICE OF FATHER

Piedmont

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

18 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lucile Comer

(15) PRESENT POSTOFFICE OF MOTHER

Piedmont

(16) COLOR OR RACE

Caucasian

(17) AGE AT LAST BIRTHDAY

18 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by parent)

(27) Filed

Aug 9, 1923

(28)

J.B.C.

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.