

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....

City of Greenville

(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

No. 17741

17741

Registration District No. 229Registered No. 540

(For use of Local Registrar)

(No. 506 W. Washington St.; ..... Ward)

## (2) Full Name of Child

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be entered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 3 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME O. W. Sundrick  
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Teacher  
 (14) Number of children born to mother, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE Minnie Lee Lane  
 (16) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 (17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 28 (Years)  
 (19) BIRTHPLACE S.C.  
 (20) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. Stone

(24) State whether Physician or Midwife

(25) Address of Physician 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 June 16 1923

(28)

Ch. 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.

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