

(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
3957

Township of

Loc. Town of

Registration District No. 22A

Registered No. 59
(For use of Local Registrar)

City of Greenville, S. C. (No. B. North St.,
If birth occurs in a hospital or other institution, give name of same instead of street and number)

2) Full Name of Child John Alice Cortney

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

SEX Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 10th, 28
Month (Day) (Year)

FATHER

NAME Ed. Cortney

PRESENT RESIDENCE Greenville, S. C.

(11) AGE AT LAST BIRTHDAY 45

Colored

BIRTHPLACE

S. C.

OCCUPATION

Public work

Number of children born to
including present birth

4

MOTHER

(14) NAME BEFORE MARRIAGE Agnes Coleman

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.

(16) COLOR OR RACE Colored AGE AT LAST BIRTHDAY 26

(17) BIRTHPLACE

S. C.

(18) OCCUPATION

Washing.

(19) 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 alive at 10:00 P.M.
(Born alive at 10:00 P.M.)
on the date above named.

(23) (Signature) Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1095 E. North St.

When name added from a birth record
(all reports)

Witness

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

Feb. 13, 1928

Local Registrar

When name was not added from a birth record
child breathes even once

When the child is born, the mother, etc., should make this return, if
numbered of stillbirths before the