

(1) PLACE OF BIRTH

County of Greenville
Township of Fairviewor
Inc. Town ofor
City of(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 2206 Registered No. 78
(For use of Local Registrar)
St.; Ward

(2) Full Name of Child

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? ☒ (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June, 24 1926
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Louis Touchstone(9) PRESENT POSTOFFICE OF FATHER Ft. Sum. S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Greenville Co.(13) OCCUPATION oil mill Boss(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Leila Wood(15) PRESENT POSTOFFICE OF MOTHER Ft. Sum. S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Greenville Co.(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 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Ft. Sum. S.C.

Given name added from a supplemental report

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

(27) Filed July 10 1926 (28) J. B. Duckett 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.

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.
McGraw-Hill of Columbia.