Form No. 1.

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

Inc. Town of ..... Registration District No. 2005

City of ..... (No. ..... 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
18592

Registered No. 32 (For use of Local Registrar)

R.F.D. Box 59

(2) Full Name of Child Beulah Gurley

If child is not named, change supplemental report, so directed

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Girl			Yes	January	11	1922

FATHER.

(8) FULL NAME Joseph Gurley

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Greenville S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Melissia Perkins

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

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Greenville, S. C.

(19) OCCUPATION Farming

(20) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child who was born alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Fleming

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife R.F.D. 1 Greenville S.C.

Given name added from a supplemental report ..... 19..

..... Registrar

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

(27) Filed Jan 19 22 C. C. Craft (46)
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.

No. 26—BIRTH OF TWINS OR TRIPLETS. Where twins or triplets are born, a separate certificate must be filled out for each child, and numbered to show the order of birth.

STATE OF SOUTH CAROLINA
BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH
FIRST-HORN, No. 1, THIRD-BORN, No. 3, etc., for triplets.