

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenwood
Township of
or
Inc. Town of
or
City of (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

18933

Registration District No. 2.3.06 Registered No. 88
(For use of Local Registrar)

(2) Full Name of Child

Fred Roy Derby Jr.

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

(3) BOY OR GIRL
Boy

(4) Twin or Triplet
No
To be answered only in event of Twins or Triplets

(5) Number in order of birth
1

(6) Are Parents Married?
Yes

(7) DATE OF

BIRTH 6/19/1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred Roy Derby Sr.

(9) PRESENT POSTOFFICE OF FATHER Greenwood SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Aukerson S.C.

(13) OCCUPATION mill work

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Hendrix

(15) PRESENT POSTOFFICE OF MOTHER Greenwood SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Newberry S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5 all living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour) (A. M. or P. M.)

(23) (Signature) D. W. P. M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenwood 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 19 22 (28) A. P. Brooks 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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