

(1) PLACE OF BIRTH

County of Charleston
 Township of Fair Forest
 or
 Inc. Town of Greenville
 or
 City of Greenville

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

File No.—For State Registrar Only

16771

Registration District No. 4.0.08 Registered No. 102
 (For use of Local Registrar)

St.; Ward)
 (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

3) BOY or GIRL Yes 4) Twin or Triplet? No 5) Number in order of birth 3rd 6) Are Parents Married? Yes 7) DATE OF BIRTH 1-22-1922
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.

8) FULL NAME R. C. Brown
 9) PRESENT POSTOFFICE OF FATHER Greenville Mills
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 23 (Years)
 12) BIRTHPLACE S.C.
 13) OCCUPATION Mills Operator

MOTHER.

14) NAME BEFORE MARRIAGE Lola D. Brown
 15) PRESENT POSTOFFICE OF MOTHER Greenville Mills
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 21 (Years)
 18) BIRTHPLACE S.C.
 19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 13 21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) A. W. Williams (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 Apr. 30, 1922 (28) C. F. Parker 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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