

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Inc. Town of Greenville

or

City of Greenville, S.C.

(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

26293

351

Registration District No. 2209ARegistered No. 351

(For use of Local Registrar)

(No.)St. Ch. ViewWard

(2) Full Name of Child

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

3. BOY OR GIRL? Boy4. Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes(7) DATE OF BIRTH 1-11-1922

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Richard Will9. PRESENT POSTOFFICE OF FATHER City View Greenville S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE L.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Nannie Farmer(15) PRESENT POSTOFFICE OF MOTHER City View Greenville S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE L.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Phys.(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness

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

(27) FILE 1922(28) 24 March

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.