

(1) PLACE OF BIRTH

County of GreenvilleTownship of Prove

OR

Inc. Town of

OR

City of

(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

Registration District No. 2210

File No.—For State Registrar Only

38675

Registered No. 1
(For use of Local Registrar)(2) Full Name of Child Sarah Louise Can

(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

(6) Are Parents Married? yes(7) DATE OF BIRTH SEP 23 1922

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER
Fred H. Can

(14) NAME BEFORE MARRIAGE

MOTHER
Ruth C. Fincher

(9) PRESENT POSTOFFICE OF FATHER

Piedmont S.P.#8

(15) PRESENT POSTOFFICE OF MOTHER

Piedmont S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27
(Years)(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Fanner

(19) OCCUPATION

domestic

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:15 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Sewell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Myrtle Beach, 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 Dec 4 1922(28) J. P. Slater

Local Registrar

When there was no attending physician or midwife, then the father, household, 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.