

(1) PLACE OF BIRTH

County of *McCormick*Township of *Greenwood*or
Inc. Town of

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

File No.—For State Registrar Only

35480

Registration District No. *4502*Registered No. *29*

(For use of Local Registrar)

2) Full Name of Child

Unmarried

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

3) SEX OF CHILD

Boy

(4) Twin or Triplet?

Yes

(5) Number in order of birth

one

(6) Age—Paraps Married?

Yes

(7) DATE OF BIRTH

Oct. 3, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Henry Sears

(9) PRESENT POSTOFFICE OF FATHER

Troy, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

16

(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Marnie Hodgins

(15) PRESENT POSTOFFICE OF MOTHER

Troy, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39

(Years)

(18) BIRTHPLACE

W.Va.

(19) OCCUPATION

House wife

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

Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *5 P.M.* on this date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *C. H. ...*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Troy, S.C.

Given name added from a supplemental report

*101**101**101**101**101**101**101**101**101**101**101**101**101*

(26) Witness

...

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Nov. 1922

(28) Local Registrar

E. H. Mosley

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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