

(1) PLACE OF BIRTH

County of GreenvilleTownship of ForestburgInc. Town of ForestburgCity of Forestburg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10049

Registration District No. 511Registered No. 3
(For use of Local Registrar)(No. 511 St.: Forestburg Ward)(2) Full Name of Child Frederick Wall

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

3. BOY OR GIRL Boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? yes7. DATE OF BIRTH April 16, 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

8. FULL NAME J. H. Hall9. PRESENT POSTOFFICE OF FATHER Forestburg, S. C. R. #210. COLOR OR RACE White11. AGE AT LAST BIRTHDAY 44
(Years)12. BIRTHPLACE S. C.13. OCCUPATION Farmer

MOTHER.

14. NAME BEFORE MARRIAGE Leggie Brubbs15. PRESENT POSTOFFICE OF MOTHER Forestburg, S. C. R. #216. COLOR OR RACE White17. AGE AT LAST BIRTHDAY 38
(Years)18. BIRTHPLACE S. C.19. OCCUPATION Wife20. Number of children born to mother, including present birth 1221. Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 A. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Amanda Middleton(24) State whether Physician or Midwife (25) Address of Physician or Midwife Forestburg, S. C.

Given name added from a supplemental report

(26) Witness J. H. Hall
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed April 17, 1922 (28) J. H. Johnson 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.