

(1) PLACE OF BIRTH

County of GreenvilleTownship of 11or
Inc. Town of 11or
City of 11

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph Cordell Freeman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>X</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Any Physical Mark? <u>Yes</u>	(7) DATE OF BIRTH <u>6/25/22</u> (Name of Month) (Day) (Year)
--------------------------	---	---------------------------------------	-----------------------------------	--

FATHER.

(8) FULL NAME John Matthew Freeman(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Gu(13) OCCUPATION Ex. lab. work(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Stone Holcomb(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Pickens Co S.C.(19) OCCUPATION House work(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 1 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. M. J. J. J.

(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) File 45-19 (28) M. M. J. J. J. 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.

*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.