

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 W. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">34738</div>	
County of <u>Greenville</u> Township of <u>Highland</u> or Inc. Town of ..... or City of .....		Registration District No. <u>2211</u>		Registered No. <u>57</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; ..... Ward)		If child is not yet named, make supplemental report as directed	
(2) Full Name of Child					
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 25 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Clarence Elms Foye</u>			(14) NAME BEFORE MARRIAGE <u>Ruth E. Baker</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Traveller's Rest R. 2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Traveller's Rest R. 2</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Year)		
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>Central S. C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>5:30 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>B. J. Brodette M.D.</u>			(25) Address of Physician or Midwife <u>Greenville S.C.</u>		
(24) State whether Physician or Midwife					
Given name added from a supplemental report ..... ..... 19 .. Registrar			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Sept. 30, 1922</u> (28) <u>S. J. Wilson</u> 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.