

(1) PLACE OF BIRTH

County of Greenland
 Township of Union
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

30611

Registration District No. 231 Registered No. 90
 (For use of Local Registrar)

(2) Full Name of Child

James Kent

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 1, 1922
 (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Marshall Kent(3) PRESENT POSTOFFICE OF FATHER Marshall Kent(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Bradley(15) PRESENT POSTOFFICE OF MOTHER Marshall Kent(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. V. Jones, Jr.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Marshall Kent

Given name added from a supplement-
 al report

(26) Witness

(Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed Oct 1922

(28)

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.