

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....or  
City of Greenville

(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  
42579Registration District No. 12ARegistered No. 632

(For use of Local Registrar)

(2) Full Name of Child. Not Named

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

(3) BOY OR

(4) Twin or Triplet? X(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 22, 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Jones(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 32

(Years)

(12) BIRTHPLACE North Carolina(13) OCCUPATION Driver(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Choice(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 32

(Years)

(18) BIRTHPLACE Greenville County(19) OCCUPATION Tapping mill(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born, at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. Smith

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

Physician 188 1/2 Spring

Given name added from a supplemental report

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

(27) Filed Dec 30, 1922 (28) St. Smith 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.

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