

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

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

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

(2) Full Name of Child Mary Evelyn Travis

File No.—For State Registrar Only

4410

Registration District No. 2209BRegistered No. 69  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 21, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Gas Ernest Travis(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 35  
(Year)(12) BIRTHPLACE Fayette Co. Ga.(13) OCCUPATION Doing Business(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Edna Vineyard(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 23  
(Year)(18) BIRTHPLACE Fayette Co. Ga.(19) OCCUPATION N.W.(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Anderson(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness J. P. Anderson  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 28, 1922 (28) J. P. Anderson 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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MCCAM OF COLUMBIA, COLUMBIA, S. C.

N.

MCCAM