

## (1) PLACE OF BIRTH

County of Greenville, .....

Township of .....

or Inc. Town of .....

City of Greenville, S. C. (No. ....)

(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

Registration District No. 22A

File No.—For State Registrar Only

18735

Registered No. 298  
(For use of Local Registrar)

2) Full Name of Child Charles James Bull

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

(3) BOY OR GIRL? BOY	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH June 6th, 22
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME C. J. Bull

(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 60 (Years)

(12) BIRTHPLACE Franklinton, N. C.

(13) OCCUPATION Retired

(14) Number of children born to mother, including present birth

## MOTHER

(14) NAME BEFORE MARRIAGE Edith S. Gillespie

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Pickens Co. S. C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles J. Bull (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) Filed June 7, 22 (28) C. J. Bull 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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