

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. 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 County of <u>Greenwood</u> 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.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>18934</b>	
(2) Full Name of Child <u>Eula Fedrick</u>		Registration District No. <u>2306</u>		Registered No. <u>90</u> (For use of Local Registrar)	
(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>June 22</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b> (8) FULL NAME <u>Alex Fedrick</u> (9) PRESENT POSTOFFICE OF FATHER <u>Greenwood R. F. D.</u> (10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>19</u> (Years) (12) BIRTHPLACE <u>Greenwood place</u> (13) OCCUPATION <u>day work</u> (20) Number of children born to mother, including present birth <u>3</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Radie Lark</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Ninety Six S. C.</u> (16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Years) (18) BIRTHPLACE <u>Greenwood County R. F. D.</u> (19) OCCUPATION <u>day work</u> (21) Number of children of this mother now living, including present birth <u>2</u>		

**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) Matilda T. Jones  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife R. 3 Greenwood

Given name added from a supplemental report \_\_\_\_\_

(26) Witness Innis M. Skins  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 10 1922 (28) S. P. Brooks  
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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