

(1) PLACE OF BIRTH

County of Greenwood
Township of Walnut Grove
or
Inc. Town of.....
or
City of Ware Shoals, S.C. (No. St.; Ward)
(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

18963

Registration District No. 2314 Registered No. 55
(For use of Local Registrar)

(2) Full Name of Child Evelyn Sweet (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? twins (5) Number in order of birth 1st (6) Are Parents Married? ya (7) DATE OF BIRTH June 27, 22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Sweet
(9) PRESENT POSTOFFICE OF FATHER Ware Shoals S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Cotton Mill
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Allen
(15) PRESENT POSTOFFICE OF MOTHER Ware Shoals S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Abbeville Co
(19) OCCUPATION housewife
(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 LA M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Workman
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Ware Shoals S.C.

Given name added from a supplemental report

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

(27) Filed July 22, 1922 (28) detrusouth 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.

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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.