

(1) PLACE OF BIRTH

County of GreenvilleTownship of Fairviewor
Inc. Town of F. H. Inn

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18789

Registration District No. Registered No.
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Not Named If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH June 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Raymond Church(9) PRESENT POSTOFFICE OF FATHER Fairview Inn(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE North Carolina(13) OCCUPATION Textile worker(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Cogdell(15) PRESENT POSTOFFICE OF MOTHER F. H. Inn S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Laurens County(19) OCCUPATION Domestic(21) 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 alive 11 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) V. E. Hale (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife F. H. Inn 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 19 (28) 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 REPORT FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.