

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

18828

County of Greenville
Township of

or
Inc. Town of

or
City of Greenville

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

Registration District No. 22098 Registered No. 216

EMMA MOSS BOOTH, MEMORIAL HOSPITAL

(No. St. Ward)

(2) Full Name of Child Virginia Louise Sherrill

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6-21-22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Leban Moore

(9) PRESENT POSTOFFICE OF FATHER Statesville, N.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Brickmason

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Leola Sherrill

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION Mill Employee

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... born... alive... at 7:30 A.M.
on the date above stated. (Born alive or stillborn. (Hour, A.M. or P.M.))

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, 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 7 1922 (28) A. H. Mackley 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCC MECAW OF COLUMBIA, S. C.