

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 Greenville
 Township of Greenville
 OR
 Inc. Town of
 OR
 City of (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
22379

Registration District No. 2209 Registered No. 239
 (For use of Local Registrar)

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

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>no</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Jan 8 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Henry Logan</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Edna Beck</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>same</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>48</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>Barnwell Co SC</u>			(18) BIRTHPLACE <u>Barnwell Co SC</u>	
(13) OCCUPATION <u>Textile Worker</u>			(19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>9</u>			21) Number of children of this mother now living, including present birth <u>9</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas P. Newton

(24) State whether Physician or Midwife MD

(25) Address of Physician or Midwife R. F. D. No. 3 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 Aug 9 1922 (28) A. H. Marshall 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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