

(1) PLACE OF BIRTH.

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

Only

4292

Registration District No. 22ARegistered No. 101

(For use of Local Registrar)

City of Greenville (No. 1095 E. North St. St.; ..... Ward) and(2) Full Name of Child Felt Fredericka Brewton If child is not yet named, make supplemental report as directed(3) BOY OR GIRL  
Boy

(4) Twin or Triplet?

To be reported only in case of twins or triplets

(5) Number in order of birth

(6) Are Yes  
Parent Married?

(7) DATE OF BIRTH

Feb. 27 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Felt Brewton

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Delaware, S.C.

(13) OCCUPATION

Farming

## MOTHER

(14) NAME BEFORE MARRIAGE

Lizzie Thompson

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Greenville, S.C.

(19) OCCUPATION

Housework

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

One

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at ..... M. 5:45  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lizzie Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife 1095 E. North St.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Mar 9 1922

(28)

C. E. Smith

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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COUNTY OF COLUMBIA, FIRST BORN, No. 1, THIS OFFICE, No. 2, etc., in question 5.