

(1) PLACE OF BIRTH

County of Greenville
 Township of East

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4365

Inc. Town of Registration District No. 2207 Registered No. 16
 or (For use of Local Registrar)
 City of (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 Joe Edward Girardeau If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 12, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. M. Girardeau

(9) PRESENT POSTOFFICE OF FATHER Conestee S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19
 (Year)

(12) BIRTHPLACE N. C.

(13) OCCUPATION Truck Driver

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

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Forrester

(15) PRESENT POSTOFFICE OF MOTHER Conestee S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
 (Year)

(18) BIRTHPLACE N. C.

(19) OCCUPATION Housework

(20) 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 Alive at 5:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. B. Hendrix

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, S. C. R. 6

Given name added from a supplemental report

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

(27) Filed Feb 14, 1922 (28) E. B. Hendrix 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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