

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenville

Township of .....

or Inc. Town of .....

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

Registration District No. J. 2. A. Registered No. 12.2

(For use of Local Registrar)

(No. 252 Wilkin St.; ..... Ward)

(2) Full Name of Child Not named

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 X (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 25, 22  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Edward Tristle

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

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22  
(Year)

(12) BIRTHPLACE Newberry

(13) OCCUPATION Laborer

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

MOTHER

(14) NAME BEFORE MARRIAGE Bertha Lindsay

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

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19  
(Year)

(18) BIRTHPLACE Greenville S.C.

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:10 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) S. S. Lawton

(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 Mar 10, 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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