

MARGIN RESERVED FOR BINDING.
WRITED 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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH

County of Greenville
Township of Blair
or
Inc. Town of.....
or
City of

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

File No.—For State Registrar Only

18667

Registration District No. 2016 Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>May 1 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Silvester White</u>			14) NAME BEFORE MARRIAGE <u>Mary Cribb</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Kingsburg R. 1.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Kingsburg R. 1.</u>	
10) COLOR OR RACE <u>white</u>			16) COLOR OR RACE <u>white</u>	
11) AGE AT LAST BIRTHDAY <u>40</u> (Years)			17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
12) BIRTHPLACE <u>Kingsburg R. 1.</u>			18) BIRTHPLACE <u>Kingsburg R. 1.</u>	
13) OCCUPATION <u>Farming</u>			19) OCCUPATION <u>Housework</u>	
20) Number of children born to mother, including present birth <u>Four</u>			21) Number of children of this mother now living, including present birth <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. W. W. McAlister
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Myman S. C. R. 2.

Given name added from a supplemental report

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

(27) Filed May 1 1922 (28) W. W. McAlister 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.