

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 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

26299

Registration District No. 22097Registered No. 263
(For use of Local Registrar)

(No. 7 Palmer St., Moncksland)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL girl 4) Twin or Triplet? To be answered only in event of Twins or Triplets 5) Number in order of birth 1 6) Are Parents Married yes 7) DATE OF BIRTH Feb. 9, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Frank J. Painter9) PRESENT POSTOFFICE OF FATHER Greenville S.C.10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 39
(Years)12) BIRTHPLACE N.C.13) OCCUPATION Textile worker20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Marian Hopkins15) PRESENT POSTOFFICE OF MOTHER 7 Palmer St16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 28
(Years)18) BIRTHPLACE S.C.19) OCCUPATION Domestic21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 a M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. J. Walker(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys. Greenville

Given name added from a supplemental report

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

19 Registrar

(27) Filed Aug 17, 1922 (28) A. H. Mark 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.