

(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

26304

Registration District No. 2209Registered No. 237

(For use of Local Registrar)

(No. Williams St. Samson Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Georgia Nell Williams

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 132 (6) Are Parents Married yes (7) DATE OF BIRTH March 1, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. L. Warren(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Textile Worker(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Evie Moon(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive ...at... 6 P. ...M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. T. 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)

(27) Date Aug. 17, 1922 (28) Local Registrar H. M. Mackle

*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.