

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.

MISSISSIPPI OF COLUMBIA, COLUMBIA, N. C.

(1) PLACE OF BIRTH

County of Greenville
Township of
or
Inc. Town of
or
City of Greenville S.C.
(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

File No.—For State Registrar Only

18734

Registration District No. 2-3A Registered No. 2-98
(For use of Local Registrar)

(2) Full Name of Child Island Wright Story

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

(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>June 19, 1922</u> (Name of Month) (Day) (Year)
-------------------------------	--	------------------------------	--	---

FATHER.

(8) FULL NAME I. S. Story
(9) PRESENT POSTOFFICE OF FATHER Greenville
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Washington Tenn.
(13) OCCUPATION Contract officer
(20) Number of children born to mother, including present birth 1-4

MOTHER.

(14) NAME BEFORE MARRIAGE Veda McClary
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Polk Co. Tenn.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1-4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour—A.M. or P.M.)

(23) (Signature) W. D. Stone
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 28, 1922 (28) W. D. Stone 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.

*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.