

1) PLACE OF BIRTH

County of Partonburg
 Township of Compobee
 or
 Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

22552

Registration District No. 40.6 Registered No. 108
 (For use of Local Registrar)

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

2) Full Name of Child

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

BOY OR GIRL Girl (1) Twin or Triplet
 To be answered only in event of Twin or Triplet

(2) Number in order of birth
 (3) Are Parents Married Yes DATE OF BIRTH July 13, 23
 (Month of Month) (Day) (Year)

FATHER.

FULL NAME Clis Green

PRESENT POSTOFFICE OF FATHER Annandale

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (Year)

BIRTHPLACE S.C.

OCCUPATION Farming

Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Goonell

(15) PRESENT POSTOFFICE OF MOTHER Annandale

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) 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 born alive at 1 a. M.,
 on the date above stated. (Born alive or stillborn Hour M. or P. M.)

(23) (Signature) James P. Gibson
 (24) State whether Physician or Midwife (25) Address of Phys. or Midwife Annandale

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed "No")

(27) Filed Aug 1, 23 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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