

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Frenchburg

Incl. Div. of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

16688

Registration District No. 49Registered No. 49

(For use of Local Registrar)

(No. 36 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)

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married Yes (7) DATE OF BIRTH May 11, 1922  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER:  
 (8) FULL NAME J. J. Hanes  
 (9) PRESENT POSTOFFICE OF FATHER Frenchburg  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 1

MOTHER:  
 (14) NAME BEFORE MARRIAGE Bessie Pugh  
 (15) PRESENT POSTOFFICE OF MOTHER Frenchburg  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) (Hour A. M. or P. M.) 8:4  
 on this date above stated.

(23) (Signature) Geo. E. Thompson  
 (24) State-registered Physician or Midwife (25) Signature of Physician or Midwife Thompson

Given name added from supplemental report  
 19  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) May 16, 1922 (28) J. C. Williams Local Registrar

If 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.

Sealed by the State Board of Health