

(1) PLACE OF BIRTH

County of

Township of

City of

City of Greenville

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

18732

Registration District No. 2-2-A Registered No. 393

(For use of Local Registrar)

(No. 403 Augusta St.; 6 Ward)

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

3) SEX OR

4) Two or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH June 18 1922

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

3) FULL NAME John G. Perry4) PRESENT POSTOFFICE Greenville, S.C.5) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 54 (Years)6) BIRTHPLACE S.C.7) OCCUPATION Merchant8) Number of children born to father including present birth 6(14) NAME BEFORE MARRIAGE Edward Frank(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 44 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Business(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 4:45 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. R. W. Smith

(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 26 1922 (28) C. E. Smith 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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