

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of.....

or

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

Registration District No. 22.A

1872808  
Registered No. ....  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL M. (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6/19/22 19....  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Crosby Doyle

(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Greenville, S.C.

(13) OCCUPATION Carpenter

(20) Number of children born to mother, including present birth TWO

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Davis

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Ninety Six, S.C.

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth TWO

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive.....at 5.40pM.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. B. Boyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Given name added from a supplement-  
tal report

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

(27) Filed June 13 1922 (28) D. 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.

Fifth month of pregnancy.

Before the fifth month of pregnancy.

In case of TWINS OR TRIPLETS use "SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.