

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Dunfries
 or
 Inc. Town of
 or
 City of

(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

Registration District No. H. 6

File No.—For State Registrar Only

36406Registered No. 170
(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? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 1, 22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. L. Greenway(9) PRESENT POSTOFFICE OF FATHER Immantb R 5(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE Ab(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Hannie McCombs(15) PRESENT POSTOFFICE OF MOTHER Immantb R 5(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Ab(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at HP M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Jas. P. Gibson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Immantb

Given name added from a supplemental report

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

(27) Filed Oct 18, 22 (28) 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.