

(1) PLACE OF BIRTH

County of Greenville
 Township of Belton
 or
 Inc. Town of
 of
 City of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

4001

Registration District No. 2201Registered No. B
(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 Parson Human If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet (5) Number in order of birth (6) Age of mother at birth (7) DATE OF BIRTH Feb 22 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willis F. Human(9) PRESENT POSTOFFICE OF FATHER Tranclus Post O.S.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 21 (Year)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Genevieve Lockaby(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 16 (Year)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1(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 alive (Born alive or stillborn) (Hour A. M. or P. M.)

(23) on the date above stated.

(24) (Signature) O. C. Shum (25) Address of Physician or Midwife M. S.

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife

(28) Signature of Witness necessary only when question 23 is signed by mother

(29) Filed Feb 23 1923 (30) 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark so FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In goodness & faith I have signed this certificate of birth of the child named above, and I have caused the same to be signed by the attending physician or midwife, or by the father, householder, etc., in the presence of two witnesses, and I have caused the same to be signed by the Local Registrar.