

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PREPARED BLANK FOR EACH CHILD, and mark the N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, No. 2, etc., in question 5 FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5

(1) PLACE OF BIRTH

County of Greenville

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

22457

Registration District No. 732

Registered No. 78

(For use of Local Registrar)

(No. 27 Ward)

(2) Full Name of Child

Verdell Andrews

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

3 SEX Boy

4 Twin or Triplet?

5 Number in order of birth

6 Are Parents Married? Yes

7 DATE OF BIRTH

4/10/22 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Yes Andrews

9 PRESENT POSTOFFICE OF FATHER Greenville

10 COLOR OR RACE Negro

11 AGE AT LAST BIRTHDAY 34

(Years)

12 BIRTHPLACE Idaho

13 OCCUPATION Truck Driver

MOTHER.

14 NAME BEFORE MARRIAGE Mother Andrews

15 PRESENT POSTOFFICE OF MOTHER Greenville

16 COLOR OR RACE Negro

17 AGE AT LAST BIRTHDAY 24

(Years)

18 BIRTHPLACE Idaho

19 OCCUPATION Cook

20 Number of children born to mother, including present birth 3

21 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 6 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(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 6/10/22 (28) W. A. Williams 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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