

(1) PLACE OF BIRTH  
County of Greenville  
Township of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**26149**

Inc. Town of ..... or  
City of ..... (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 ..... { If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin X or triplet? (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE BIRTH May 17 1922  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Maester P. Riney

(9) PRESENT POSTOFFICE OF FATHER 510 East ave Greenville

(10) COLOR White (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Charleston

(13) OCCUPATION Cotton Buyer

(14) Number of children born to mother, including present birth 4

MOTHER  
(14) NAME BEFORE MARRIAGE Annelle Corde

(15) PRESENT POSTOFFICE OF MOTHER 510 East ave Greenville

(16) COLOR white (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Cherokee County

(19) OCCUPATION Dom. Housewife

(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) W. H. H. H.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

191.....

Registrar

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

(27) Filed Aug 19 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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