

## (1) PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7491

Registration District No. 2-291 Registered No. 116  
 (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

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

(1) BOY OR GIRL Girl (4) Twin or Triplet? Twin (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 23 19 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

(3) FULL NAME Unknown  
 (8) PRESENT POSTOFFICE OF FATHER .....  
 (10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY ..... (Years)  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION .....  
 (20) Number of children born to mother, including present birth 1 3

## MOTHER

(14) NAME BEFORE MARRIAGE Annie Graham  
 (15) PRESENT POSTOFFICE OF MOTHER Pamplin  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION House work  
 (21) Number of children of this mother now living, including present birth 1 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:15 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Rhoads

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Pamplin, SC

Given name added from a supplemental report

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

(27) Filed Feb. 20 1922 (28) W. T. Porter 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.