

(1) PLACE OF BIRTH

County of Anderson SC
 Township of 11
 OR
 Inc. Town of 11
 OR
 City of 11

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20797

Registration District No. 515

Registered No. 221
 (For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child James Black

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH June 17, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Lee Black
 (9) PRESENT POSTOFFICE OF FATHER Anderson S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37
 (Years)

(12) BIRTHPLACE Greenville Co. SC

(13) OCCUPATION Printing Pressman

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Griffin

(15) PRESENT POSTOFFICE OF MOTHER Anderson SC

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25
 (Years)

(18) BIRTHPLACE Jefferson Co. Iowa

(19) OCCUPATION domestic

(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 born alive at 9:30 M., on the date above stated. (Born alive or stillborn) Hour * M. or P. M.)

(23) (Signature) Anna A. Young
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mo. Co.

Given name added from a supplemental report

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

(27) Filed 6-27 19 22 (28) F. B. CRAYTON, S. C.
 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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