

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 or
 Inc. Town of City View
 or
 City of _____
 (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
22378

Registration District No. 2207 Registered No. 238
 (For use of Local Registrar)

(No. Summit St.; _____ Ward)

(2) Full Name of Child

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? _____ To be answered only in event of Twins or Triplets	5) Number in order of birth _____	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 7, 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>William Arthur Edwards</u>			14) NAME BEFORE MARRIAGE <u>Nattie Pearl Wade</u>	
9) PRESENT POSTOFFICE OF FATHER <u>City View Greenville S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>	
10) COLOR OR RACE <u>N</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>40</u> (Years)			17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
12) BIRTHPLACE <u>Greenville Co. S.C.</u>			18) BIRTHPLACE <u>Greenville Co. S.C.</u>	
13) OCCUPATION <u>Moulder Iron Foundry</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>6</u>			21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Chas. P. Benson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Greenville, S. C.

Given name added from a supplemental report

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

(27) Filed Aug 7, 22 (28) A. J. M. Mackey
 Registrar 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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