

(1) PLACE OF BIRTH

County of GreenvilleTownship of Fairviewor  
Inc. Town of .....

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

Registration District No. .... Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child .....

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

(3) SEX <u>Male</u>	(4) Type or Triplet <u>—</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 3rd 1923</u> (Name of Month) (Day) (Year)
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(8) FULL NAME  
FATHER  
Walter Jayneham(9) PRESENT  
POSTOFFICE  
OF FATHER Fountain Inn S.C.(10) COLOR  
OR  
RACE White (11) AGE AT LAST  
BIRTHDAY 19  
(Year)(12) BIRTHPLACE  
S.C.(13) OCCUPATION  
Mill Hand(20) Number of children born to  
mother, including present birth 1(14) NAME BEFORE  
MARRIAGE MOTHER  
Lily May Woods(15) PRESENT  
POSTOFFICE  
OF MOTHER Fountain Inn S.C.(16) COLOR  
OR  
RACE White (17) AGE AT LAST  
BIRTHDAY 17  
(Year)(18) BIRTHPLACE  
S.C.(19) OCCUPATION  
Housework(21) Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at 100 M.,  
on the date above stated. (Alternative or children) (Hour A. M. or P. M.)(23) (Signature) H. B. Stewart

(24) Title of either Physician or Midwife

(25) Address of Physician or Midwife

(If name added from a supplement-  
al report)(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed ..... (28) 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.