

## (1) PLACE OF BIRTH

County of

*Greenville*

Township of

*Bates*or  
Inc. Town ofor  
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

4321

Registration District No. *2201*Registered No. *7*  
(For use of Local Registrar)

## 2) Full Name of Child

*Helen Estell*

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

(3) BOY OR GIRL?

*Girl*

(4) Twin or Triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Feb. 28, 1922*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Wm. Jessie Duncan*

(9) PRESENT POSTOFFICE OF FATHER

*Travellers Rest A. I.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*42*  
(Years)

(12) BIRTHPLACE

*Greenville*

(13) OCCUPATION

*Farmer*

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

*11*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Daisy Alice Bridges*

(15) PRESENT POSTOFFICE OF MOTHER

*Travellers Rest A. I.*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*39*  
(Years)

(18) BIRTHPLACE

*Greenville*

(19) OCCUPATION

*Housewife*

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

*9*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive*, at *1:15* *P.M.* on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*B. P. Woodruff M.D.*

(24) State whether Physician or Midwife

*Physician*

Given name added from a supplemental report

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(26) Witness

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

(27) Filed

*Feb 22, 1922*

(28)

*D. V. Shind*  
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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