

THIS IS A PERMANENT RECORD.
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
or
Inc. Town of
or
City of Greenville (No. 471 Oscar St.; 9 Ward)
(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
4267

Registration District No. 33 A Registered No. 56
(For use of Local Registrar)

(2) Full Name of Child Nit named If child is not yet named, make supplemental report as directed

(3) BOY GIRL? (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH 2.4.22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Aaron Wilson

(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Newberry, S.C.

(13) OCCUPATION Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Wilson

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Greenville, S.C.

(19) OCCUPATION Housekeeper

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive 5 A.M. at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 7 1922 (28) C. Smith 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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