

(1) PLACE OF BIRTH

County of

Township of

or Town of Greenville...City of Greenville, SC (No. 417 Edwards)

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

Full Name of Child Wiley Eugene Harless

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

Is the mother only in event of twins or triplets

Twin or triplet?

Number in order of birth

Are parents married?

DATE OF BIRTH June 12 1922

(Name of Month) (Day) (Year)

FATHER.

FULL NAME Wiley C. HarlessPRESENT RESIDENCE OF FATHER Greenville S.C.COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE A.C.OCCUPATION Insurance agt.Number of children born to mother including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Annie C. Gist(15) PRESENT RESIDENCE OF MOTHER Greenville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE A.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. D. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191....

Registrar

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

(27) Filed June 12 1922 (28) C. E. 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.

Fifth month of pregnancy.

File No.—For State Registrar Only

18731

Registered No. 292

(For use of Local Registrar)

St.; 1 Ward)

Only

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tedA.M.,
P.M.)

Midwife

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