

(1) PLACE OF BIRTH
 County of Greenville
 Township of Butler
 or
 Inc. Town of.....
 or
 City of..... (No. St.; 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
 18770

Registration District No. 2202 Registered No. 30
 (For use of Local Registrar)

(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 19, 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Ray Fleming</u>			14) NAME BEFORE MARRIAGE <u>Laura Foster</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Greer, S.C. R-5</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Greer S.C. R-5</u>	
10) COLOR OR RACE <u>Black</u>			16) COLOR OR RACE <u>Black</u>	
11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>			18) BIRTHPLACE <u>S.C.</u>	
13) OCCUPATION <u>Farming</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>4</u>			21) Number of children of this mother now living, including present birth <u>4</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.)
Laura Anderson

(23) (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)
July 6, 22 (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.