

ALL RIGHTS RESERVED FOR BINDING.

County of Cherokee  
Township of Greenville  
or  
Inc. Town of.....  
or  
City of .....

**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

25333

Registration District No. 1002 Registered No. 38  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Girl

**To be answered only in event of Twins or Triplets**

(6) Are Parents Married?

Yes

BIRTH..... June 2, 1922  
(Name of Month) (Day) (Year)

**MOTHER.**

Bruf Wilson

Kenneth Smith

Wassensille

Wetkinsville, Pa.

2115 no

(16) COLOR OR RACE

7/15/50

(17) AGE AT LAST BIRTHDAY.....40.....  
(Years)

Union Co

Union Co

Farrar

Housekeeping

197

19

(22) I hereby certify that I attended the birth of this child, who was... Alvin ... at 4:15 ... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(Born alive or stillborn) Has been Born

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

.....  
*Allen J. Stein*, 1922  
 Registrar

(27) Filed Aug 10 19 22 (28) Sam J. Strain  
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.