

Mr. Jim Hinton's place -

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Greenwood</i>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		4471	
Township of <i>4</i>		Registration District No. <i>23.04</i>		Registered No. <i>16</i>	
Inc. Town of <i>or</i>				(For use of Local Registrar)	
City of <i>or</i>		(No. <i>or</i> St.; <i>or</i> Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <i>Agnes Gary</i>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>May 4, 1922</i>	
		To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <i>George Gary</i>			(14) NAME BEFORE MARRIAGE <i>Daisy Jackson</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Greenville, S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Greenville, S.C.</i>		
(10) COLOR OR RACE <i>Negro</i>			(16) COLOR OR RACE <i>Negro</i>		
(11) AGE AT LAST BIRTHDAY <i>24</i>			(17) AGE AT LAST BIRTHDAY <i>19</i>		
(12) BIRTHPLACE <i>Holmes, S.C.</i>			(18) BIRTHPLACE <i>Greenville, S.C.</i>		
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <i>born</i> at <i>4:30</i> P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Eliza Turner</i>					
(24) State whether Physician or Midwife <i>Midwife</i>					
(25) Address of Physician or Midwife <i>Greenville, S.C.</i>					
Given name added from a supplemental report			(26) Witness <i>W. A. Williams</i>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19 <i>22</i> Registrar			(27) Filed <i>May 10, 1922</i>		
			(28) <i>A. P. Brooks</i> 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.					

MOBAY OF COLUMBIA, COLUMBIA, S. C.