

(1) PLACE OF BIRTH

County of Greenville
 Township of
 OR
 Inc. Town of
 OR
 City of Greenville
 (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
 18827

Registration District No. 2209A Registered No. 215
 (For use of Local Registrar)

EMMA MOSS BOOTH, MEMORIAL HOSPITAL
 (No.) (Ward)

(2) Full Name of Child Nathan Leroy Siggard

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

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? No 7) DATE OF BIRTH 6-16-1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Nobert Day
 9) PRESENT POSTOFFICE OF FATHER Unknown
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 22
 (Years)
 12) BIRTHPLACE Unknown
 13) OCCUPATION Mechanic
 20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Enrice Siggard
 15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 18
 (Years)
 18) BIRTHPLACE VA.
 19) OCCUPATION House work
 21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated.
 (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Mack
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville, S. C.

Given name added from a supplemental report

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(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 2 19 22 (28) J. H. Mack 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.