

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Boles/Bals

Inc. Town of .....

City of .....

(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

4326

Registration District No. 2207Registered No. 8

(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? Girl

(4) Twin or Triplet?

(5) Number in order of birth

Is he numbered only in case of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct 3, 1922

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME George Peters

(9) PRESENT POSTOFFICE OF FATHER

Richland Travellers Rest SC(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY

(Years)

40

(12) BIRTHPLACE

Greenville SC

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

10

## MOTHER

(14) NAME BEFORE MARRIAGE

Lula Daves

(15) PRESENT POSTOFFICE OF MOTHER

Home

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

(Years)

20

(18) BIRTHPLACE

Greenville SC

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at Greenville SC on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Charles H. Henson

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

GREENVILLE, S.C.

Given name added from a supplemental report

101

Registrar

(25) Witness

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

(26) File

Oct 22, 1922

(27)

Dr. Henson 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.

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.