

## (1) PLACE OF BIRTH

County of SpartenburgTownship of Cherokee

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.

(2) Full Name of Child Rayford Ralph Greerack

File No.—For State Registrar Only

20174

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4002aRegistered No. 79

(For use of Local Registrar)

BOY OR GIRL Boy

4) Twin or Triplet?

5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 17, 1922  
(Name of Month) (Day) (Year)

## FATHER.

1) FULL NAME Anna Greerack2) PRESENT POSTOFFICE OF FATHER Chesnut, D.C.3) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE D.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Greerack(15) PRESENT POSTOFFICE OF MOTHER Chesnut, D.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE D.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M.  
on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)(23) (Signature) Dr. M. Chapman(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Chesnut, D.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10, 1922

(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.

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