

N. E.—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.
 MCGRAW HILL COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of GreenwoodTownship of Phoenixor
Inc. Town ofor
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

18951

Registration District No. 2311 Registered No. 16
(For use of Local Registrar)(2) Full Name of Child Heade AndrewIf child is not yet named, make
supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH. <u>June 10, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Agnew Andrews(9) PRESENT POSTOFFICE OF FATHER Gained St.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Mosell Jones(15) PRESENT POSTOFFICE OF MOTHER Gained St.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Labourer(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline Holaway(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gained St.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 20, 1922 (28) S. L. Stallworth
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.