

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of Greenville  
 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

26145

Registration District No. 22ARegistered No. 426  
(For use of Local Registrar)(No. 311 Rhett St St.; ..... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 5(6) Are Parents Married? Yes

(7) DATE OF

BIRTH 1-29 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Robt. Justice

(9) PRESENT POSTOFFICE OF FATHER

311 Rhett St

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

32  
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Painter

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

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Lenders

(15) PRESENT POSTOFFICE OF MOTHER

311 Rhett St.

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housework

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5 M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 11 1922

(28)

C. E. Smith  
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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