

## (1) PLACE OF BIRTH

County of York  
 Township of St. Mill  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

2778

Registration District No. 1406 Registered No. 7  
 (For use of Local Registrar)

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 Charles Greer

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 — (6) Are Parents Married? No (7) DATE OF BIRTH Jan. 25 1922  
 To be answered only in event of Twins or Triplets (State of Month) (Day) (Year)

## FATHER

(8) FULL NAME Charles Greer  
 (9) PRESENT POSTOFFICE OF FATHER St. Mill S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE N.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 15

## MOTHER

(14) NAME BEFORE MARRIAGE Mary Beaty  
 (15) PRESENT POSTOFFICE OF MOTHER St. Mill S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 39 (Years)  
 (18) BIRTHPLACE N.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Matthe Parker  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Mill S.C.

Given name added from a supplemental report

(26) Witness A. L. Parker  
 (Signature of Witness Necessary only when question 23 is signed by mother)

(27) Filed 7/11-1922 (28) A. L. Parker 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.