

(1) PLACE OF BIRTH

County Greenmill

Township of

or
Inc. Town of

or
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

42706

Registration District No. 2209 Registered No. 429

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Francis Southward

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Southward

(9) PRESENT POSTOFFICE OF FATHER 86th Ave. Portland

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Ga

(13) OCCUPATION Truck

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Beaie Watson

(15) PRESENT POSTOFFICE OF MOTHER 86th Ave. Portland

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

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) Geo. J. Walker

(24) State whether Physician or Midwife M.D. Address of Physician or Midwife Greenmill

Given name added from a supplemental report

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

(26) Local Registrar 39

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.