

(1) PLACE OF BIRTH

County of Greenville.....Township of Greenville....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

42685

Registration District No. 2209A Registered No. 524.....
(For use of Local Registrar)(No. 125 Bramlett.....St. City View..Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH December 11, 1922
(Name of Month) (Day) (Year)

FATHER.

5) FULL NAME Oscar Treeman White9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY...36.....
(Years)(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION Motorman P and N Ry

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

{.....6.....}

MOTHER.

(14) NAME BEFORE MARRIAGE Daily Murphy(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY...34.....
(Years)(18) BIRTHPLACE Pickens S.C.(19) OCCUPATION Housewife

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

{.....6.....}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive.....at 7:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

physician

(25) Address of Physician or Midwife

Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 11 1922(28) A H Mackey
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.

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.

THIS IS A PERMANENT RECORD. 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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.