

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Paris Mt.

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

42800

Registration District No. 2214 Registered No. 53

(For use of Local Registrar)

(No. .... St. .... Ward)

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

## (2) Full Name of Child

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec, 1, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm Henry Vest(9) PRESENT POSTOFFICE OF FATHER Traveller's Rest(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Ga(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth { 12 }

## MOTHER.

(14) NAME BEFORE MARRIAGE B. S. Anna Campbell(15) PRESENT POSTOFFICE OF MOTHER Traveller's Rest(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)(18) BIRTHPLACE Ga(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth { 10 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:30 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) B. S. Anna Campbell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Traveller's Rest

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Jan. 1, 1923 (28) John B. Hester 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. No report is desired of stillbirths between the fifth month of pregnancy.