

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18755

County of GreenvilleTownship of AustinOR
Inc. Town of

City of

Registration District No. 2200Registered No. 77
(For use of Local Registrar)

(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

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 29, 1922</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Robert Cord(9) PRESENT POSTOFFICE OF FATHER Simpsonville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Stone mill work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Pickett(15) PRESENT POSTOFFICE OF MOTHER Simpsonville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 10
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House work(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 born at 1 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. Richardson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Simpsonville

Given name added from a supplemental report

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

(27) Filed July 10, 1922 (28) J. L. Richardson
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.