

(1) PLACE OF BIRTH

County of Pickens
 Township of Easley
 or
 Inc. Town of Easley
 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

36049

Registration District No. 37-a Registered No. 161
 (For use of Local Registrar)

(2) Full Name of Child James Otis Greer

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 24, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James R Greer

(9) PRESENT POSTOFFICE OF FATHER Easley

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
 (Years)

(12) BIRTHPLACE Spartanburg

(13) OCCUPATION Textile worker

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

MOTHER.

(14) NAME BEFORE MARRIAGE James L Herbert

(15) PRESENT POSTOFFICE OF MOTHER Easley

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (Years)

(18) BIRTHPLACE Greenville

(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 Delivered at 12 M., on the date above stated. (Born alive or stillborn) (Hour M. P. M.)

(23) (Signature) C M Greer, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Easley

Given name added from a supplemental report

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

(27) Signed W. H. Wyatt (28) 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 is reported as stillborn, householder, etc., should make this return. If fifth month of pregnancy.

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WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MACGEE OF COLUMBIA, COLUMBIA, S. C.