

(1) PLACE OF BIRTH

County of SpokaneTownship of B.S.

Inc. Town of

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

5728

Registration District No. Has 2 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child

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

1) ☒ GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name) (Month) (Day) (Year)

FATHER.

5) FULL NAME

Clyde Brown

6) PRESENT POSTOFFICE OF FATHER

Greer S C Victor

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Brunswick Co

(13) OCCUPATION

Ex tile

MOTHER.

(14) NAME BEFORE MARRIAGE

Ala Higg

(15) PRESENT POSTOFFICE OF MOTHER

Greer S C Victor

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

NC

(19) OCCUPATION

Domestic

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

One

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:35 PM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Allen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianGreer S C

Given name added from a supplemental report

(26) Witness

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

(27) Filled

Jan 20 1922

(28)

J. C. Moore

Local Registrar

19 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.