

(1) PLACE OF BIRTH

County of McCormick
Township of Greenwood
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
35479

Registration District No. 4502 Registered No. 27
(For use of Local Registrar)

(2) Full Name of Child - unnamed

(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 no (6) Are Parents Married? (7) DATE OF BIRTH Oct 30 1922
To be answered only in event of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME didn't tell
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Dolly Terry
(15) PRESENT POSTOFFICE OF MOTHER McCormick
(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 30
(18) BIRTHPLACE SE
(19) OCCUPATION Housegirl
(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 alive on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Loelia Jordan
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McCormick

Given name added from a supplemental report

(26) Witness E. K. Morley
(Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Nov 1922 (28) E. K. Morley
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.

REGISTRATION No. 2, etc., in question 3.