

## (1) PLACE OF BIRTH

County of WellsburgTownship of Hopeor  
Inc. Town of .....or  
City of .....(No. .... St. .... Ward)  
(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

Registration District No. 4301

File No.—For State Registrar Only

32597Registered No. 112  
(For use of Local Registrar)

## (2) Full Name of Child

Not Named

(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 16, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(3) FULL NAME Miss Condy (14) NAME BEFORE MARRIAGE Leggie White(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28  
(Year) (Year)(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Kells (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

(26) Witness J. B. Hunsdale  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 17, 1922 (28) J. B. Hunsdale 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.