

(1) PLACE OF BIRTH

County of Greenville
 Township of Newville
 or
 Inc. Town of
 or
 City of Buckett St
 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

26409

Registration District No. 2209BRegistered No. 262
(For use of Local Registrar)

(2) Full Name of Child

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

3. BOY OR GIRL Boy

4. Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Jan 5 19 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8. FULL NAME J. P. Hoke(14) NAME BEFORE MARRIAGE Angela Hoke9. PRESENT POSTOFFICE OF FATHER Buckett St West Greenville(15) PRESENT POSTOFFICE OF MOTHER Wm. St. W. Greenville10. COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 23
(Years)(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 23
(Years)12. BIRTHPLACE Greenville(18) BIRTHPLACE American13. OCCUPATION Teacher(19) OCCUPATION Teacher20. Number of children born to mother, including present birth 1(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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness [Signature]

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

(27) Filed Dec 1 1922(28) [Signature]

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report.
 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.

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