

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
26328

Registration District No. 220917 Registered No. 288.....  
 (For use of Local Registrar)

City of ..... (No. 22 7th St.; P Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Crosby If child is not yet named, make  
 supplement and report as directed

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>May 23, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME Miles Dowell  
 9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
 10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)  
 12) BIRTHPLACE Union S.C.  
 13) OCCUPATION Textile Worker  
 20) Number of children born to mother, including present birth 10

## MOTHER.

14) NAME BEFORE MARRIAGE Mattie Crosby  
 15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)  
 18) BIRTHPLACE S.C.  
 19) OCCUPATION Housewife  
 21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 am,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Walker  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Phys Greenville

Given name added from a supplemental report

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

(27) Filed Aug 17, 1922 (28) A. H. Mackey 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.

before the fifth month of pregnancy