

WRITE PLAINLY. WITH UPDATING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(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

42674

Registration District No. 2209A Registered No. 538  
(For use of Local Registrar)

(No. National Highway St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Annie May Buckner (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? Twin (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 2, 1922  
(Name of Month) (Day) (Year)

**FATHER**  
(8) FULL NAME Reville Buckner  
(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19 (Year)  
(12) BIRTHPLACE Swain, Tenn.  
(13) OCCUPATION Stable  
(20) Number of children born to mother, including present birth one

**MOTHER**  
(14) NAME BEFORE MARRIAGE Lilbert Parrie  
(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Year)  
(18) BIRTHPLACE Med., N.C.  
(19) OCCUPATION Stable  
(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 at Greenville, S.C. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Self

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness phgs.

(Signature of Living witnesses only when question 23 is signed by mark)

(27) Jan 4 1923

(28) A. J. Macky 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.

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