

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville, S.C.

(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. 73Registered No. 111

(For use of Local Registrar)

File No.—For State Registrar Only

26479(2) Full Name of Child Bettie Cornelia Banister If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>May 12, 1922</u> (Name of Month) (Day) (Year)
-------------------------------	----------------------------------	---	---------------------------------------	---

FATHER.

8) FULL NAME William O. Banister9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)12) BIRTHPLACE Greenville, S.C.13) OCCUPATION Teacher20) Number of children born to mother, including present birth One

MOTHER.

14) NAME BEFORE MARRIAGE Jennie Rose Banister15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)18) BIRTHPLACE Spartanburg Co., S.C.19) OCCUPATION Housewife21) 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 Alive at 11 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. P. Turner(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

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

(27) Filed 8/11/22 (28) W. A. Williams 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.

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.