

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a 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
Township of
or
Inc. Town of
or
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

File No.—For State Registrar Only

Registration District No. 2-27 18726 Registered No. 7-86
(For use of Local Registrar)

(2) Full Name of Child John Leonard Ashemore 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 To be answered only in event of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH 8-7-22 19...
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John S. Ashemore
(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Simpsonville, S.C.
(13) OCCUPATION Salesman
(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Leonard
(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Fountain-Inn, S.C.
(19) OCCUPATION House-Wife
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive 8 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) D. P. Bruce
(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 June 19 1922 (28) C. A. Smith 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.

FIFTH MONTH OF PREGNANCY.