

(1) PLACE OF BIRTH

County of GreenwoodTownship of Cokesburyor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

30568

Registration District No. 2304 Registered No. 13
(For use of Local Registrar)(No. 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

If child is not yet named, make
supplemental report as directed3) BOY OR GIRL Boy 4) Twin * or Triplet? No 5) Number in order of birth 7 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 2, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Wm James9) PRESENT POSTOFFICE OF FATHER Cokesbury SC10) COLOR OR RACE Blk 11) AGE AT LAST BIRTHDAY 33
(Year)12) BIRTHPLACE Cokesbury SC13) OCCUPATION Farmer20) Number of children born to mother, including present birth Seven

MOTHER.

14) NAME BEFORE MARRIAGE Emma Holmes15) PRESENT POSTOFFICE OF MOTHER Cokesbury SC16) COLOR OR RACE Blk 17) AGE AT LAST BIRTHDAY 34
(Year)18) BIRTHPLACE Cokesbury SC19) OCCUPATION Nurse21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Nalgus SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 2, 1922 (28) S. I. Brissie
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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