

(1) PLACE OF BIRTH

County of Greenwood
 Township of Greenwood
 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

30572

Registration District No. 2306Registered No. 128
(For use of Local Registrar)

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

(2) Full Name of Child Thomas Lebery Pursen If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Parents Married Yes (7) DATE OF BIRTH Sept. 17, 1922
 (Name Month Day Year)

FATHER.
 (8) FULL NAME Thomas Lebery Pursen
 (9) PRESENT POSTOFFICE OF FATHER Greenwood
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 43
 (12) BIRTHPLACE Unionville NC
 (13) OCCUPATION Furniture
 (20) Number of children born to mother, including present birth Eight

MOTHER.
 (14) NAME BEFORE MARRIAGE Eva Kind
 (15) PRESENT POSTOFFICE OF MOTHER Greenwood
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37
 (18) BIRTHPLACE Columbia SC
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John Marshall
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Phos Greenwood

Given name added from a supplemental report:

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date Oct. 17, 1922 (28) A. P. Brooks 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.