

(1) PLACE OF BIRTH

County of Greenwood
 Township of Iray

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
 18952

Inc. Town of Registration District No. 23/2 Registered No. 26
 or
 or (For use of Local Registrar)

City of (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 Jessie Wideman { If child is not yet named, make supplemental report as directed

BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Age Parents Married? (7) DATE OF BIRTH June 3, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Dave Childs
 9) PRESENT POSTOFFICE OF FATHER Iray, N.C.
 10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)
 12) BIRTHPLACE N.C.
 13) OCCUPATION Farmer
 14) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Jessie Wideman
 15) PRESENT POSTOFFICE OF MOTHER Iray, N.C.
 16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 37 (Years)
 18) BIRTHPLACE N.C.
 19) OCCUPATION Servant on farm
 21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Iray, N.C.

Given name added from a supplemental report

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

(27) File July 30, 22 (28) [Signature] Local Registrar

When there was no attending physician or midwife, then the father, household, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report required of stillbirths before the fifth month of pregnancy.