

## (1) PLACE OF BIRTH

County of Greenwood

Township of .....

or  
Inc. Town of .....or  
City of .....

(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

26480

Registration District No. 031 Registered No. 112

(For use of Local Registrar)

(No. 117 High St. St.; ..... Ward)

## (2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

3. BOY OR  
GIRL4. Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?

(7) DATE OF

BIRTH Feb 21, 1922  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER.

8. FULL  
NAME9. PRESENT  
POSTOFFICE  
OF FATHER10. COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY 35  
(Years)

12. BIRTHPLACE

13. OCCUPATION

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Marie Lestrade Collins(15) PRESENT  
POSTOFFICE  
OF MOTHER Greenwood, S.C.(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 28  
(Years)(18) BIRTHPLACE  
South Carolina(19) OCCUPATION  
Housewife20. Number of children born to  
mother, including present birthFour(21) Number of children of this mother  
now living, including present birthFour

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. P. Turner, M.D. R. Shee(24) State whether Physician or Midwife  
Physician(25) Address of Physician or Midwife  
Greenwood, S.C.Given name added from a supplement-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 8/11/22 19 ..... (28) W. W. McLean  
Registrar 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.  
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