

MADE IN U.S.A. - 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 6.

(1) PLACE OF BIRTH

County of Greenville

Township of

or Inc. Town of

or City of Greenville

(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

4281

Registration District No. 22. A

Registered No. 86

(For use of Local Registrar)

(2) Full Name of Child Not Named

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 case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Feb. 14, 22

FATHER

(8) FULL NAME

James Washington

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

39 (Year)

(12) BIRTHPLACE

Newberry S.C.

(13) OCCUPATION

Common Labor

(20) Number of children born to mother, including present birth

2

MOTHER

(14) NAME BEFORE MARRIAGE

Mary Wicker

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

31 (Year)

(18) BIRTHPLACE

Newberry S.C.

(19) OCCUPATION

Housekeeping

(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 at 5:30 P.M. on the date above stated: (Born alive or stillborn) (Hour * M. or P. M.)

(23) (Signature)

Sallie Tolbert

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

16 Fall St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 15, 22

(28)

C. E. 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.

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