

(1) PLACE OF BIRTH

County of Greenville, S.C.
 Township of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42695

Registration District No. 2309A Registered No. 546
 (For use of Local Registrar)
 Inc. Town of
 or
 City of Greenville (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 Uth. Hal Earnest (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? No. (7) DATE OF BIRTH Dec 31 1921
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carlos Atwood
 (9) PRESENT POSTOFFICE OF FATHER Unknown
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE N.C.
 (13) OCCUPATION factory
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lettie Uth
 (15) PRESENT POSTOFFICE OF MOTHER Greenville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Va.
 (19) OCCUPATION factory
 (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 5:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. M. Swartz
 (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Jan 10 1922 (28) A. V. Marking 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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