

(1) PLACE OF BIRTH

County of Greenville

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

18705

Registration District No. 22A Registered No. 277

(For use of Local Registrar)

(No. Montgomery Hosp. St.; 2nd Ward)(2) Full Name of Child Mabel Virginia Modlin (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL <u>girl</u>	4. Twin or Triplet? To be answered only in case of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>May 9</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

5. FULL NAME H. B. Modlin9. PRESENT POSTOFFICE OF FATHER Greenville S.C.10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 39 (Years)12. BIRTHPLACE Greenville S.C.13. OCCUPATION Manager - a firm20. Number of children born to mother, including present birth 2

MOTHER.

14. NAME BEFORE MARRIAGE Lena Lewis Dixon15. PRESENT POSTOFFICE OF MOTHER Greenville16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 26 (Years)18. BIRTHPLACE Greenville S.C.19. OCCUPATION Housewife21. 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 alive at 6 AM. on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.))(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 17 1922 (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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