

(1) PLACE OF BIRTH

County of Greenville

Township of

OR
Inc. Town ofOR
City of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Blain J. J. J.

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

File No.—For State Registrar Only

4393

Registration District No. 2209Registered No. 5-2
(For use of Local Registrar)(No. Anderson Ward)

Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes

DATE OF

BIRTH June 6, 1922
(Name of Month) (Day) (Year)

FATHER

(7) FULL NAME John Blain J. J. J.(8) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(9) COLOR OR RACE W.(10) AGE AT LAST BIRTHDAY 31
(Years)(11) BIRTHPLACE NC.(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Lillie Anderson(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was B. Blain at 6:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)(22) (Signature) C. J. J.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed June 1, 1922(27) Local Registrar W. J. J.

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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