

THIS IS A PERMANENT RECORD.
 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 5.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Clinton
 OR
 Inc. Town of Simpsonville
 OR
 City of _____ (No. _____ St. _____ Ward _____)
 (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

Registration District No. 2200 Registered No. 120
 (For use of Local Registrar)

(2) Full Name of Child Freeman Durham (If child is not yet named, make supplemental report as directed)

(3) <input checked="" type="checkbox"/> BOY <input type="checkbox"/> GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age at birth <u>yr</u>	(7) DATE OF BIRTH <u>July 10</u> 19 <u>22</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Willie J. Durham</u>			(14) NAME BEFORE MARRIAGE <u>Esther Durham</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Simpsonville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville</u>	
(10) COLOR OR RACE <u>B</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>B</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>P.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Anderson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Simpsonville

Given name added from a supplemental report _____

(26) Witness _____ (Signature of Witness necessary only when question 25 is signed by mark)
 (27) Signed Oct 10 1922 (28) E. P. Richardson 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.