

(1) PLACE OF BIRTH

County of Greenville
 Township of Butler
 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

18768

Registration District No. 4202 Registered No. 32
 (For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 12, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Wade M. Byars</u>			14) NAME BEFORE MARRIAGE <u>Netta Bishop</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Greenville Ate #2</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Greenville Ate #2</u>	
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>47</u> (Years)	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
12) BIRTHPLACE <u>S. C.</u>		18) BIRTHPLACE <u>W. C.</u>		
13) OCCUPATION <u>Farmer</u>		19) OCCUPATION <u>Domestic</u>		
20) Number of children born to mother, including present birth <u>9</u>		21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 a. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. J. McIlwain

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Greenville Ate #5

Given name added from a supplemental report

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

(27) Filed July 11, 1922 (28) J. C. Jones
 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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