

N. B.—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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		22381	
Township of <u>Greenville</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>2209A</u>		Registered No. <u>241</u>	
or				(For use of Local Registrar)	
City of .....		(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 <u>Miss Caroline Jewell</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 15 22</u>	
To be answered only in case of Twins or Triplets				Name of Month (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>George W. Jewell</u>	(14) NAME BEFORE MARRIAGE <u>Lucy May Balan</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>same</u>				
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>37</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>33</u>		
(12) BIRTHPLACE <u>Greenville SC</u>		(18) BIRTHPLACE <u>Greenville SC</u>			
(13) OCCUPATION <u>Textile</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>8</u>		(21) Number of children of this mother now living, including present birth <u>6</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>10<sup>30</sup></u> M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Chas P. Person</u>		(25) Address of Physician or Midwife <u>R. F. D. 1, 3 GREENVILLE</u>			
(24) State whether Physician or Midwife <u>Physician</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19 .....		(27) Filed <u>Aug 9 1922</u> (28) <u>A. H. Marshall</u> Local Registrar			
..... 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.