

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville Neck
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35526

Registration District No. 3200Registered No. 48
(For use of Local Registrar)

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

(2) Full Name of Child Sallie Gertrude Rowell (if child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 11 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Rowell
 (9) PRESENT POSTOFFICE OF FATHER Greekham S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 48
 (Year) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Siney Cooper
 (15) PRESENT POSTOFFICE OF MOTHER Greekham S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Born alive at 11:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Mrs. Francis W. Turner
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Greekham 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 Oct 18 1922 (27) W. J. D. Miller 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN, No. 1, and OTHER, No. 2, etc., in question 5.

MADE BY BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.