

(1) PLACE OF BIRTH
 County of Greenville
 Township of
 or
 Inc. Town of
 or
 City of Greenville
 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
18736

Registration District No. 22A Registered No. 291
 (For use of Local Registrar)

(No. 733 Rowley St.; Ward)
 If child is not named, make supplemental report as directed

(2) Full Name of Child Welsh

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 22, 1922</u> (Name of Month (Day) (Year))
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To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME <u>Lee H. Welsh</u>	(14) NAME BEFORE MARRIAGE <u>Bess Latimer</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>Ill.</u>	(18) BIRTHPLACE <u>Ill.</u>	(13) OCCUPATION <u>Life Insurance Collector</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:00 P.M. on the date above stated.
 (born alive or stillborn. (Hour A. M. or P. M.))

(23) (Signature) J. D. Jones, M.D.
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

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

(27) Filed June 23, 1922 (28) C. E. Smith 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.