

(1) PLACE OF BIRTH

County of GreenwoodTownship of Longor
Inc. Town of
orCity 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

File No.—For State Registrar Only

4506

Registration District No. 1212 Registered No. 15
(For use of Local Registrar)2) Full Name of Child Gertrude Denlin } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 22 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Denlin(9) PRESENT POSTOFFICE OF FATHER Long S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Mari Johnson(15) PRESENT POSTOFFICE OF MOTHER Long S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive at Long S.C. (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) C. H. Workman(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Long S.C.

Given name added from a supplemental report

..... 101.....

..... Registrar

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Feb 27 1922 (28) J. G. Ramsey 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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THIS FORM IS PREPARED BY THE BUREAU OF VITAL STATISTICS, WHICH OFFICE HAS A PERMANENT RECORD OF ALL BIRTHS, DEATHS, AND MARRIAGES IN THE STATE OF SOUTH CAROLINA. IT IS THE DUTY OF THE REGISTRAR TO SEE THAT THIS FORM IS COMPLETED AND FILED IN THE OFFICE OF THE REGISTRAR, NO. 1, THIS OFFICE, NO. 1, ETC., IN QUESTION 8.