

(1) PLACE OF BIRTH

County of Greenville
 Township of Saluda
 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

38697

Registration District No. 22/151Registered No. 24
(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 May O'Reall

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

(3) BOY OR GIRL boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 20, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Raymond O'Reall(9) PRESENT POSTOFFICE OF FATHER Travellers Rest R. 2(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Greenville(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Bessie McKingie(16) PRESENT POSTOFFICE OF MOTHER Travellers Rest R. 2(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 30 (Years)(19) BIRTHPLACE Greenville(20) OCCUPATION House & farm work(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. G. Brundett M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Travellers Rest R. 2

Given name added from a supplemental report

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

(27) Filed Nov 18, 1922 (28) B. G. Brundett M.D. 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.