

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 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

26289

Registration District No. 2209ARegistered No. 253  
(For use of Local Registrar)

(No. 97 Hammett St.; Sumner Ward)  
 (If birth occurs in a hospital or other institution, give name same instead of street and number.)

(2) Full Name of Child George W. Day If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 5 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Samuel Day  
 (9) PRESENT POSTOFFICE OF FATHER Greenville  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Year)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Reverend Worker

(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Hammond  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year)

(18) BIRTHPLACE Georgia

(19) OCCUPATION Domestic

(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 2 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Yes 2 Walker  
 (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Aug 17 1922 (28) A. H. Markes 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.