

(1) PLACE OF BIRTH

County of GreenvilleTownship of C. S.or
Inc. Town ofor
City of

(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

4021

Registration District No. 2204 Registered No. 366
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE Feb. 7, 23
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Peannie M. Kinney Crisp(9) PRESENT
POSTOFFICE
OF FATHER Sum SC(10) COLOR
OR
RACE W(11) AGE AT LAST
BIRTHDAY 25
(Years)

(12) BIRTHPLACE

MS

(13) OCCUPATION

Textile(14) Number of children born to
mother, including present birthThree

MOTHER

(14) NAME BEFORE
MARRIAGE Maude Jenkins(15) PRESENT
POSTOFFICE
OF MOTHER Sum SC(16) COLOR
OR
RACE W(17) AGE AT LAST
BIRTHDAY 25
(Years)

(18) BIRTHPLACE

MS

(19) OCCUPATION

Womans(20) Number of children of this mother
now living, including present birthTwo

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1230 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thom O. Walker

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Sum SCGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Mar 1, 1923

(28)

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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