

(1) PLACE OF BIRTH

County of Granville
 Township of Butter
 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

18771

Registration District No. 2202 Registered No. 29
 (For use of Local Registrar)

(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

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

3) BOY OR GIRL?

Boy

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?

yes

(7) DATE OF

BIRTH June 3 1922
 (Month of Month) (Day) (Year)

FATHER.

5) FULL NAME

Frank Foster

9) PRESENT POSTOFFICE OF FATHER

Granville S.C. Rt. #2

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY 57
 (Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Farmer

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

1 6

MOTHER.

14) NAME BEFORE MARRIAGE

Lennie H. H. H.

15) PRESENT POSTOFFICE OF MOTHER

Granville S.C. Rt. #2

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY 37
 (Years)

18) BIRTHPLACE

S.C.

19) OCCUPATION

Domestic

21) Number of children of this mother now living, including present birth

1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Lennie H. H. at 4.4 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

H. F. H. H. H.

Granville S.C. Rt. #2

Given name added from a supplemental report

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

(27) Filed June 9 1922 (28) H. F. H. H. H. 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.

before the fifth month of pregnancy