

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

OF

Inc. Town of.....

OF

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

30554

Registration District No. 2213Registered No. 76

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR

(4) Twin

or Triplet?

(5) Number in

order of birth

(6) Are

Parents

Married?

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

Sept 18, 1922

FATHER.

(8) FULL

NAME

(9) PRESENT

POSTOFFICE

OF FATHER

(10) COLOR

OR

RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to

mother, including present birth

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 at P.M. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witnesses

(27) Filed

(28) Local Registrar

(29) Registrar

(30) Registrar

(31) Registrar

(32) Registrar

(33) Registrar

(34) Registrar

(35) Registrar

(36) Registrar

(37) Registrar

(38) Registrar

(39) Registrar

(40) Registrar

(41) Registrar

(42) Registrar

(43) Registrar

(44) Registrar

(45) Registrar

(46) Registrar

(47) Registrar

(48) Registrar

(49) Registrar

(50) Registrar

MOTHER.

(14) NAME BEFORE

MARRIAGE

(15) PRESENT

POSTOFFICE

OF MOTHER

(16) COLOR

OR

RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother

now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 at P.M. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witnesses

(27) Filed

(28) Local Registrar

(29) Registrar

(30) Registrar

(31) Registrar

(32) Registrar

(33) Registrar

(34) Registrar

(35) Registrar

(36) Registrar

(37) Registrar

(38) Registrar

(39) Registrar

(40) Registrar

(41) Registrar

(42) Registrar

(43) Registrar

(44) Registrar

Given name added from a supplement-
tal report

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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.

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.