

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or Inc. Town of .....

City of Greenville

(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

42581

Registration District No. 22A Registered No. 634

(For use of Local Registrar)

(2) Full Name of Child James Wyatt Meares 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 BIRTH Dec. 18, 22 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Isabel Edger Meares(9) PRESENT POSTOFFICE OF FATHER Greenville 123 Stone Ave(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Greenville Co(13) OCCUPATION Must Cutter(14) Number of children born to mother, including present birth Two

## MOTHER

(14) NAME BEFORE MARRIAGE Bertie Gilbreath(15) PRESENT POSTOFFICE OF MOTHER Greenville 123 Stone Ave(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Greenville(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Physician Greenville SC

Given name added from a supplemental report

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

(26) Filed Dec 30, 1922 (27) C. E. Smith 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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