

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenwood
Township of Walnut Grove
or
Inc. Town of
or
City of Waverly

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

4519

Registration District No. 2314 Registered No. 8
(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 Helen Beatrice Birchfield If child is not yet named, make supplemental report as directed

3) BOY OR GIRL girl 4) Twin or Triplet? To be answered only in case of Twins or Triplets 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH Feb 16 22
(Name of Month) (Day) (Year)

FATHER. MOTHER.
8) FULL NAME LeRoy Birchfield 14) NAME BEFORE MARRIAGE Neil Winfrey
9) PRESENT POSTOFFICE OF FATHER Andrew, NC 15) PRESENT POSTOFFICE OF MOTHER Waverly
10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 27 16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 23
12) BIRTHPLACE NC 18) BIRTHPLACE NC
13) OCCUPATION machinist 19) OCCUPATION housewife
20) Number of children born to mother, including present birth 3 21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Waverly
Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Mar 8 1922 (28) [Signature] 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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