CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4667

(1) PLACE OF BIRTH

County of Greenwood
Township of Ninety Six
or
Inc. Town of .....
or
City of .....

Registration District No. 2700 Registered No. 21
(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	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	Dec. 15, 1921

FATHER

(8) FULL NAME [illegible]

(9) PRESENT POSTOFFICE OF FATHER Greenwood

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE [illegible]

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Martha Taylor

(15) PRESENT POSTOFFICE OF MOTHER Greenwood

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE [illegible]

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 4

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 P. M., on the date above stated.
(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) W B Cromer MD
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Ninety Six

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed JAN 1922 (28) [illegible]
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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD and number them in order of birth, using No. 1 FOR OLDEST, No. 2, etc., in question 5.

WHITE PRINTING, WHITE LINEAGE, WHITE PAPER—THE COMBINATION RECORDED.

Made by Columbia Columbia, S. C.