

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 & if 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
 or
 Inc. Town of
 or
 City of Greenwood
 (No. St.; Ward)
 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
22477

Registration District No. 73a Registered No. 101
 (If not of Local Registrar)

(2) Full Name of Child If child is not yet named, make supplemental report as directed

3) SEX OF CHILD Boy 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? Yes 7) DATE OF BIRTH 6/16/22
 To be answered only in case of Twins or Triplets

FATHER. MOTHER.

8) FULL NAME James W. Lince (14) NAME OF MOTHER Bessie Arnold
 9) PRESENT POSTOFFICE OF FATHER Greenwood (15) PRESENT POSTOFFICE OF MOTHER Greenwood
 (10) COLOR OR RACE wh (11) AGE AT LAST BIRTHDAY Years (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 Years
 (12) BIRTHPLACE SC (18) BIRTHPLACE SC
 (13) OCCUPATION Teacher (19) OCCUPATION DT Machine
 (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 at M.,
 on the date above stated. Normal live or stillborn? Hour A. M. or P. M.

(23) (Signature) J. Scurry (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 7/10/22 (28) W. A. Williams 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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