

(1) PLACE OF BIRTH

County of GreenfieldTownship of "or
Inc. Town of "
orCity of " (No. Care Allen 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

4284

(2) Full Name of Child John H. Irby { 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 OF BIRTH Feb 6 1922 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Irby(9) PRESENT POSTOFFICE OF FATHER Greenfield, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Starfauburg, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 13

MOTHER

(14) NAME BEFORE MARRIAGE Lucie Torrey(15) PRESENT POSTOFFICE OF MOTHER Greenfield, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Laurens, S.C.(19) OCCUPATION Laundress(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucie Torrey (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 541 Oscar Street

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 27 1922 (28) 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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