

When filling out this form, use a SEPARATE BLANK FOR EACH CHILD, and mark the N. H.—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				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA				Bureau of Vital Statistics		22372	
State Board of Health							
County of <u>Greenville</u>				Registration District No. <u>2209A</u>		Registered No. <u>221</u>	
Township of <u>Greenville</u>						(For use of Local Registrar)	
or Inc. Town of <u>Ann Spring Co</u>				No. <u>59 Wright</u>		St.; ..... Ward)	
City of .....				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Intt hams</u>				If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number In, order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 24, 1922</u>			
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME <u>Silas Plummer</u>				(14) NAME BEFORE MARRIAGE <u>Rennie Lindsay</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>			
(10) COLOR OR RACE <u>W</u>		(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)		(16) COLOR OR RACE <u>W</u>		(17) AGE AT LAST BIRTHDAY <u>46</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>				(18) BIRTHPLACE <u>S.C.</u>			
(19) OCCUPATION <u>Truck Driver</u>				(20) OCCUPATION <u>Florist</u>			
(20) Number of children born to mother, including present birth <u>9</u>				(21) Number of children of this mother now living, including present birth <u>9</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
(22) I hereby certify that I attended the birth of this child, who was ..... at <u>2 P.</u> M., on the date above stated. (Be <u>alive</u> or stillborn. (Hour <u>A. M.</u> or P. M.))							
(23) (Signature) <u>[Signature]</u>				(24) State whether Physician or Midwife <u>phys.</u>			
(25) Address of Physician or Midwife <u>Greenville S.C.</u>							
Given name added from a supplemental report				(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19 .....				(27) Date <u>Aug. 1, 1922</u> (28) <u>A. J. Mackey</u> 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.							
before the fifth month of pregnancy.							

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