

(1) PLACE OF BIRTH

County of Salisbury

Township of

or Inc. Town of

or City of Greenville

(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

4384

Registration District No. 2209 Registered No. 66

(For use of Local Registrar)

EMMA MOSS BOOTH, MEMORIAL HOSPITAL

(No. St.; Ward)

(2) Full Name of Child Irene Bohannan

If child is not yet named, make supplemental report as directed

(3) SEX— GIRL <u>girl</u>	(4) Twin <u>child</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Feb. 25</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Noah Price(9) PRESENT POSTOFFICE OF FATHER Unknown(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE Unknown(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Belle Bohannan(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housework at home(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 hour on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. W. Mackey(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Mar 9 1922 (28) A. W. Mackey 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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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.

Medium of Columbia, Columbia, S. C.