CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
777

(1) PLACE OF BIRTH
County of Greenville
Township of Augusta
or
Inc. Town of .....
or
City of .....

Registration District No. 22 Registered No. 20
(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 Not Named Yet (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)
Boy		1	Yes	Jan 18 1922

FATHER.		MOTHER.	
(8) FULL NAME	Elbert	(14) NAME BEFORE MARRIAGE	Viola Dunaway
(9) PRESENT POSTOFFICE OF FATHER	McBee S C	(15) PRESENT POSTOFFICE OF MOTHER	McBee S C
(10) COLOR OR RACE	White	(11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE	Ohio		(18) BIRTHPLACE S C
(13) OCCUPATION	Banker		(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. F. Williams
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

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 25 1922 (28) J. F. Marsh
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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and state (in FIRST-BORN, No. 1; THE OTHER, No. 2, etc.) in question 5.

Bureau of Economic Research, S. C.