

MARGIN HERE—ED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLE BIRTHS, SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 8.

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar
5781

Registration District No. 4000 Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>1/21/22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Arthur Thomas</u>			(14) NAME BEFORE MARRIAGE <u>Lise Taylor</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pauline</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Year)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Working</u>			(19) OCCUPATION <u>Dom.</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness

(27) Filed Feb. 25, 1922 (28) Mrs. J. C. White 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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