

(1) PLACE OF BIRTH

County of

*Greenville*

Township of

*Saluda*Inc. Town of  
or

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 ... *Neoma Bright* ...

File No. — For State Registrar Only

18911

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *2215* Registered No. *13*

(For use of Local Registrar)

(3) BOY OR  
GIRL? *girl*(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married? *Yes*(7) DATE OF *June 2* 22  
BIRTH (Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

## FATHER.

(8) FULL  
NAME*James Alover Bright*(9) PRESENT  
POSTOFFICE  
OF FATHER*Tigerville R. 1*(10) COLOR  
OR  
RACE*White*(11) AGE AT LAST  
BIRTHDAY*30*  
(Years)

(12) BIRTHPLACE

*N. C.*

(13) OCCUPATION

*Farmer*(20) Number of children born to  
mother, including present birth{ *2* }

## MOTHER.

(14) NAME BEFORE  
MARRIAGE*Sallie Bishop*(15) PRESENT  
POSTOFFICE  
OF MOTHER*Tigerville R. 1.*(16) COLOR  
OR  
RACE*White*(17) AGE AT LAST  
BIRTHDAY*31*  
(Years)

(18) BIRTHPLACE

*N. C.*

(19) OCCUPATION

*Housewife*(21) Number of children of this mother  
now living, including present birth{ *2* }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *9:45 A.M.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) .....

(24) State whether Physician or Midwife

.....  
(25) Address of Physician or Midwife*Boardman Post & Co.*Given name added from a supplement-  
tal report

....., 191....

..... Registrar

(26) Witness .....

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed *June 13* 1922(28) *Mr. C. J. Francis* 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.

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 mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.