

(1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of GreenvilleCity 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

34844

Registration District No. 2207ARegistered No. 422

(For use of Local Registrar)

(No. 38 Belg. St St. Monrovia Hill Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr 15 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Samuel Kerig(9) PRESENT POSTOFFICE OF FATHER 38 Belg. St. Monrovia Hill Greenville SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE Greenville Co SC(13) OCCUPATION Textile Worker(14) NAME BEFORE MARRIAGE Anna Belle Korb(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30 (Year)(18) BIRTHPLACE Greenville Co SC(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Chas. E. Brown(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenville S. C.

Given name added from a supplemental report

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

(27) OCT 11 1922 (28) A. D. 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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