

(1) PLACE OF BIRTH

County of

Township of

Inc. or Town of

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

26148

Registration District No. 2-2-A Registered No. 385

(For use of Local Registrar)

City of Greenville (No. 149 Choice) St.; Ward

(2) Full Name of Child { If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) X Test of Male? (5) X Number of birth 1 (6) Are Parents Y Married? (7) DAY May 1 1922 BIRTH (Name of Month) (Day) (Year)(8) FULL NAME Lee Bone FATHER. (14) NAME BEFORE MARRIAGE Marie Ullers MOTHER.(9) PRESENT POSTOFFICE OF FATHER 149 Choice Greenville (15) PRESENT POSTOFFICE OF MOTHER 149 Choice Greenville(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 26 (Years) (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(13) BIRTHPLACE N.C. (18) BIRTHPLACE Greenville(19) OCCUPATION Mill Operator (20) OCCUPATION Domestic(21) Number of children born to mother, including present birth 2 (22) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was B.A. at 6 P. M.; on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) W. A. Bone (25) Address of Physician or Midwife Greenville, S.C.(26) Whether Physician or Midwife Physician

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Aug. 19, 1922 (28) E. Smith 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.

If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.

1. PLACE OF BIRTH

County of Greenville

Township of _____

or
Inc. Town of _____or
City of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 222

Registered No. _____

(For use of Local Registrar)

FILE No.—For State Registrar Only

150202

(If birth occurs in hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD

Harley Lewis Bates

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

3. BOY OR GIRL
Girl

4. Twin or Triplet?

5. Number in order of birth

6. Age at birth
27

7. DATE OF BIRTH

(Name of Month) (Day) (Year)
May 1 22

To be answered only in event of Twins or Triplets

FATHER

8. NAME OF FATHER
Harley Lewis Bates9. PRESENT POSTOFFICE OF FATHER
Greenville SC10. COLOR OR RACE
W.11. AGE AT LAST BIRTHDAY
30
(Years)12. BIRTHPLACE
Union Co NC13. OCCUPATION
Tree Work

14. Number of children born to mother, including present birth {

MOTHER

14. NAME OF MOTHER
Marie Hice Miller15. PRESENT POSTOFFICE OF MOTHER
Greenville SC16. COLOR OR RACE
W.17. AGE AT LAST BIRTHDAY
20
(Years)18. BIRTHPLACE
Port Landry SC19. OCCUPATION
Domestic

20. Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

21. I hereby certify that I attended the birth of this child, who was P. Alex at 10:00 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)22. Signature
P. Alex

23. State whether Physician or Midwife

24. Address of Physician or Midwife
Greenville SC

Given name added from a supplemental report

_____, 192____

Registrar

25. Witness

JUL 12 1922

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

26. Filed

19____

27. _____

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.