

(1) PLACE OF BIRTH

County of GreenTownship of 11Inc. Town of GreenCity of Green

(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

No. 11. - For State Registrar Only

34636

Registration District No. 2207Registered No. 430

(For use of Local Registrar)

(No. 25.37 St. St. St. St. Ward St.)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Female</u>	(4) Twin or Triplet <u>No</u> To be entered only in event of Twin or Triplet	(5) Number in order of birth <u>6</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>9-17-1922</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Sam A. Perry(9) PRESENT POSTOFFICE OF FATHER 25.37 St. St.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Sept(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Linda Crompton(15) PRESENT POSTOFFICE OF MOTHER same(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Homemaker(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Born alive or stillborn) (Date A. M. or P. M.)(23) (Signature) Colin P. Hall(24) State whether Physician or Midwife Phys.(25) Address of Physician or Midwife Green

Given name added from a supplemental report

(26) Witness John

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

(27) Oct. 15 22 (28) A. W. Mackay

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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