

## (1) PLACE OF BIRTH

County of Hartley  
 Township of Bushy  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

2473

Registration District No. H.V.V. 2 Registered No. 2  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) BOY OR GIRL?	(4) Twin or Triplet?	(3) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl			Yes	Jan. 22 22
(For use of Local Registrar)				
FATHER			MOTHER	
(1) FULL NAME	P. A. Mother		(14) NAME BEFORE MARRIAGE	Mrs. J. J. J. J.
(15) PRESENT POSTOFFICE OF FATHER	Greer S.C.		(15) PRESENT POSTOFFICE OF MOTHER	Greer S.C.
(16) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	30	(16) COLOR OR RACE	White
(17) BIRTHPLACE	S.C.		(17) AGE AT LAST BIRTHDAY	28
(18) OCCUPATION	Teacher		(18) BIRTHPLACE	S.C.
(19) OCCUPATION	Domestic		(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	3		(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 at ..... (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 26 1922 (28) J. C. Moore 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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