

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18718

County of Greenville, S. C.

Township of .....

or  
Inc. Town of .....City of Greenville, S. C.Registration District No. 22ARegistered No. 225  
(For use of Local Registrar)

(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 Glades Charles,

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

(3) BOY OR GIRL? <u>Fe.</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 13, 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME John Charles(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36  
(Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Mitchell(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M.  
(Born alive or stillborn) (Hour, A. M. or P. M.)  
on the date above stated.(23) (Signature) Marrah Burton(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Greenville, S. C.

Given name added from a supplemental report

(26) Witness Ed Smith  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 16, 1922 (28) Ed 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.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.