

(1) PLACE OF BIRTH

County of Greenville
 Township of
 or
 Inc. Town of
 or
 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

42550

Registration District No. 22ARegistered No. 670
(For use of Local Registrar)(No. 117 N. Pickens St.; Ward)(2) Full Name of Child Pete C. C. C. C.

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

(3) BOY OR GIRL Boy (4) Twin No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 11 26 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME C. P. C. C.
 (9) PRESENT POSTOFFICE OF FATHER Greenville SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Asia Minor
 (13) OCCUPATION Prof. Cape
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Catarina Scud
 (15) PRESENT POSTOFFICE OF MOTHER Greenville SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Asia Minor
 (19) OCCUPATION Amf
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 M., on the date above stated. (Born alive or Stillborn) Hour A.M. or P.M.)

(23) (Signature) [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 25 is signed by name)

[Signature]

(27) Local Registrar

*When there was no attending physician or midwife, the father, mother, or household head, etc., should make this return. If a child breathes even once, it must be reported to the health department. No report is desired for stillbirths.