

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

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

(2) Full Name of Child Doris Wells

File No.—For State Registrar Only

18737

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 22ARegistered No. 300
(For use of Local Registrar)(No. Green Line St.; 2 Ward)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 27, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Thyde Wells(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Greenville, S.C.(13) OCCUPATION Master(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Delia Mc Bee(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James E. Daniel M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Greenville S.C.

Given name added from a supplemental report

(26) Witness
(Signatures of Witness necessary only when question 23 is signed by male)(27) Filed June 19, 1922 (28) C. 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.