

## (1) PLACE OF BIRTH

County of Greenville  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Greenville

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

18717

Registration District No. 2-2-A Registered No. 2-74  
 (For use of Local Registrar)

(No. 115 - Norwood Ave. 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 Earle McCable Finckler If child is not yet named, make supplemental report as directed.

3. SEX OR GIRL Boy 4. Twin or Triplet? ..... 5. Number in order of birth ..... 6. DATE OF BIRTH June 5, 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

9. FULL NAME Earle McCable Finckler10. PRESENT POSTOFFICE OF FATHER Greenville S.C.11. COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 23 (Years)13. BIRTHPLACE Greenville S.C.14. OCCUPATION Business So Ry. Co15. Number of children born to mother, including present birth one

## MOTHER.

16. NAME BEFORE MARRIAGE Ruth Gaillard17. PRESENT POSTOFFICE OF MOTHER Greenville S.C.18. COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 19 (Years)20. BIRTHPLACE Greenville S.C.21. OCCUPATION Housewife22. Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 7 hours on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) W. R. Bates(25) State whether Physician or Midwife Physician(26) Address of Physician or Midwife 1102 W. Washington St.

Given name added from a supplemental report

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

(28) Filed June 15, 1922 (29) C. E. 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.

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WHEN FATHER, HOUSEHOLDER, ETC., MAKE THIS RETURN, HE SHOULD SIGN AND CERTIFY THAT THE CHILD WAS BORN ALIVE OR STILLBORN, AND MARK THE DATE OF BIRTH. IN CASE OF TWINNING, THEREIN USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE CHILDREN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.