

(1) PLACE OF BIRTH

County of GreenwoodTownship of 11or
Inc. Town ofor
City of

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

(2) Full Name of Child Mrs. Juanita Black

File No.—For State Registrar Only

42833

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2306 Registered No. 162

(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>Yes</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 9, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME M. O. Black(9) PRESENT POSTOFFICE OF FATHER So. Greenwood(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23
(Year)(12) BIRTHPLACE Saluda Co., S.C.(13) OCCUPATION Col. m. o. p.(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Yvonne Derrick(15) PRESENT POSTOFFICE OF MOTHER So. Greenwood(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24
(Year)(18) BIRTHPLACE Saluda Co., S.C.(19) OCCUPATION Domestic(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 5 A. M.,
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Symmes, Jr.(24) State whether Physician or Midwife (25) Address of Physician or Midwife So. Greenwood

Given name added from a supplemental report

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

(27) Date Jan 12, 1923 (28) A. P. Brooks
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes or moves at any time after the fifth month of pregnancy. No report is desired of stillbirths.