

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Revised by Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Greenville, S.C.
 Township of Greenville, S.C.
 or Greenville
 Inc. Town of Greenville, S.C.
 or Greenville, S.C.
 City of

(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
34542Registration District No. 22A

II4 Swiss Ave

Registered No. 573
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>10/21/22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J.G. Wright</u>			(14) NAME BEFORE MARRIAGE <u>Ula Harbin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>	
(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(12) BIRTHPLACE <u>Anderson Co. S.C.</u>	(18) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(13) OCCUPATION <u>Salesman</u>			(19) BIRTHPLACE <u>Seneca, S.C.</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) OCCUPATION <u>Housewife</u>	
(22) Number of children of this mother now living, including present birth <u>3</u>			(23) Address of Physician or Midwife	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:15 AM on the date above stated.
 (Born alive or stillborn) (Hour, AM or P. M.)

(23) (Signature) Alma S. Pack

(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 23 is signed by mark)

(27) Filed Oct 22 1922

(28)

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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