

(1) PLACE OF BIRTH

County of Greenville
 Township of Chick Spring
 OR
 Inc. Town of
 OR
 City of Greer S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42610

Registration District No. 22-B Registered No. 48
 (For use of Local Registrar)
 (No. 3- St. Mills Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 5 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bartus Carl Gosnell(9) PRESENT POSTOFFICE OF FATHER Greer S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION mill work(20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE May Westmoreland(15) PRESENT POSTOFFICE OF MOTHER Greer S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. F. Proctor(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greer S.C.

Given name added from a supplemental report

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

(27) Filed Jan 10 1923 (28) W. F. Proctor 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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