

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town .....or  
City of .....

Greenville S.C.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4296

Registration District No. 22A

Registered No. 106  
(For use of Local Registrar)

(No. 1004 New York)

St. .... Ward)

## (2) Full Name of Child

If child is not yet named, make  
supplemental report as directed3. ~~OR~~  
GIRL?4. Twin  
or Triplet?5. Number in  
order of birth6. Are  
Parents  
Married?7. DATE OF  
BIRTHFeb 20 22  
(Name of Month) (Day) (Year)

## FATHER

8. FULL  
NAME9. PRESENT  
POSTOFFICE  
OF FATHER10. COLOR  
OR  
RACE11. AGE AT LAST  
BIRTHDAY

12. BIRTH PLACE

13. OCCUPATION

20. Number of children born to  
mother, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Given name added from a supplemen-  
tal report

(25) Witness

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

(27) Filed May 10 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.If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths  
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