

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

18809

Registration District No. 2209 Registered No. 201
 (For use of Local Registrar)
 (No. 65 McBeth 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

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

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 15 1922
 (Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME Walter James
 9) PRESENT POSTOFFICE OF FATHER 554 McBeth St Marion S.C.
 10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 39 (Years)
 12) BIRTHPLACE Anderson Co S.C.
 13) OCCUPATION Textile Worker
 20) Number of children born to mother, including present birth 1

MOTHER.
 14) NAME BEFORE MARRIAGE Agnes Hayes
 15) PRESENT POSTOFFICE OF MOTHER Same
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 31 (Years)
 18) BIRTHPLACE McDowell Co N.C.
 19) OCCUPATION Housewife
 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 201 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. H. Jensen
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife U.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 June 15 1922 (28) A. J. Mackley 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

McGAW OF COLUMBIA, COLUMBIA, S. C.