

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenville  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Greenville  
 (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  
**18829**

Registration District No. 2-209 Registered No. 212  
 (For use of Local Registrar)  
EMMA MOSS BOOTH, MEMORIAL HOSPITAL  
 (No. .... St.; ..... Ward)

(2) Full Name of Child

Yvonne Nell

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 24, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Herman Wells  
 (9) PRESENT POSTOFFICE OF FATHER Weatherford, Texas  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)  
 (12) BIRTHPLACE Texas  
 (13) OCCUPATION Mill employee  
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rose Hill  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Mill employee  
 (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 alive at 11:10 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician  
 (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) File July 5, 1922 (28) A. H. Mackay 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.