(1) PLACE OF BIRTH

County of Greenville

Township of .....

or

Inc. Town of .....

or

City of Greenville (No. 1095 E. North St. St.; ..... Ward)

(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
4292

Registration District No. 22A ... Registered No. 101 .....
(For use of Local Registrar)

(2) Full Name of Child Felt Frederick Brewton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet? (To be answered only in case of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			Yes	Feb. 27, 1922 (Month) (Day) (Year)

FATHER.	MOTHER
(8) FULL NAME Felt Brewton	(14) NAME BEFORE MARRIAGE Lizzie Thompson
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Pelham, S.C.	(18) BIRTHPLACE Greenville, S.C.
(13) OCCUPATION Farming	(19) OCCUPATION Housework
(20) Number of children born to mother, including present birth ...One...	(21) Number of children of this mother now living, including present birth ...One...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lizzie Cameron

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: 1095 E. North St.

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Mar 9 1922 (28) C. G. Smith, 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.

McCaw, of Columbia.

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

1925 DOD 1.4.79 Phila, Penns.
Pett 137-79-6872