

(1) PLACE OF BIRTH

County of GreenwoodTownship of Walden

or

Inc. Town of Walden

or

City of Walden

(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

4517

Registration District No. 2314 Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Louise Neighbors

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 21, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. N. Neighbors(9) PRESENT POSTOFFICE OF FATHER Walden(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 42

(Years)

(12) BIRTHPLACE Spartanburg Co(13) OCCUPATION Cotton Mill(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Fanny Neighbors(15) PRESENT POSTOFFICE OF MOTHER Walden(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 33

(Years)

(18) BIRTHPLACE Spartanburg Co(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Orkin(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Walden

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 8, 1922(28) John Butler 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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MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia, Columbia, S. C.

McCauley