

## (1) PLACE OF BIRTH

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

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

18814

Registration District No. 22.2.2.2 Registered No. 206  
 (For use of Local Registrar)

(No. B3 Woodlawn ..... 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? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH May 28 19 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank Bacon White

(9) PRESENT POSTOFFICE OF FATHER W. Greenville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE W. Greenville

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Essie Romaine Ryder

(15) PRESENT POSTOFFICE OF MOTHER W. Greenville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Pickens Co SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 11:00 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Shirley P. Benson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W. Greenville

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 19 22 (28) R. H. M. L. 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.

\*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.