

(1) PLACE OF BIRTH

County of Greenville

Township of

or Inc. Town of

City of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jack Charles

File No. - For State Registrar Only

42595

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 22ARegistered No. 661

(For use of Local Registrar)

St.; Ward)

(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

Dec 4 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME W. L. Linder(14) NAME BEFORE MARRIAGE Edgar Tapp(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 37
(Year)(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 38
(Year)(12) BIRTHPLACE NC(18) BIRTHPLACE NC(13) OCCUPATION instructor(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. 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 mother)

(27) Filed Jan 9 1923 (28) C. E. 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.

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