

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—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.

(1) PLACE OF BIRTH
 County of Greenville
 Township of
 or
 Inc. Town of
 or
 City of Pickensburg, S.C.

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

File No.—For State Registrar Only
32117

Registration District No. 40-A Registered No. 410
 (For use of Local Registrar)

(2) Full Name of Child Filly Scott Francis (No. 201 Converse St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? NO (7) DATE OF BIRTH Sept 20 1922
 (Name) (Month) (Day) (Year)

FATHER.
 (8) FULL NAME Jessie Francis
 (9) PRESENT POSTOFFICE OF FATHER Rebo N.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE NC
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Grace Scott
 (15) PRESENT POSTOFFICE OF MOTHER Rebo N.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE NC
 (19) OCCUPATION Housewife
 (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 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jamie Ferguson
 Given name added from a supplemental report
 (26) Witness 4 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 10-1-22 (28) Jas. Cooper 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.