

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER OR MOTHER OF THE CHILD. IT IS A SUPPLEMENTARY REPORT TO THE BIRTH REPORT AND IS TO BE FILED WITH THE BIRTH REPORT. IT IS NOT TO BE FILLED OUT FOR A CHILD WHO IS NOT A FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Pickens</u>		STATE OF SOUTH CAROLINA		5389	
Township of <u>4059</u>		Bureau of Vital Statistics			
or Inc. Town of <u>00</u>		State Board of Health			
City of <u>Greasley</u>		Registration District No. <u>37-a</u>		Registered No. <u>20</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 23 22</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>W.F. C. C.</u>			(10) NAME BEFORE MARRIAGE <u>Bertie Mahaffey</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greasley P.O.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greasley P.O.</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Greensboro</u>			(18) BIRTHPLACE <u>Pickens</u>		
(13) OCCUPATION <u>St. & Tel.</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>Greasley</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Leah Wall</u> M.D.					
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Greasley, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>Mar 4, 19 22</u> (28) <u>E. H. Wyatt</u> 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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