

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofCity of Greenville

(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

4082

Registration District No. 204 Registered No. 73

(For use of Local Registrar)

City of Greenville (No. 25-S cont) St.; Ward) ..2) Full Name of Child William Hilton Brand 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 Jan. 21, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Urborn Beard(9) PRESENT POSTOFFICE OF FATHER 24 Columbia St.(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Salesman(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs Elizabeth Johnson(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Jayeterville, N.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 1:30 P.M. (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) [Signature](23) State whether Physician or Midwife (24) Address of Physician or Midwife Phys. Hov. S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(26) Filed 3-9-22 (27) C. C. Caldwell 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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