

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

Registration District No. 4001

File No. — For State Registrar Only

32224Registered No. 87
(For use of Local Registrar)

(2) Full Name of Child Gladys Josephine Child (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 17 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Peter Franklin Child(9) PRESENT POSTOFFICE OF FATHER Campbells Rd(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Gladys Josephine Edwards(15) PRESENT POSTOFFICE OF MOTHER Campbells Rd(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 2 P.M.
 on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Chorus L. Stevens(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Campbells

Given name added from a supplemental report

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

(27) Filed 10-18-22 (28) C. L. Mayberry
 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.