

(1) PLACE OF BIRTH

County of Anderson
 Township of Proctor
 or
 Inc. Town of Proctor
 or
 City of Proctor

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

File No. — For State Registrar Only
17491

Registration District No. Registered No. 31
 (For use of Local Registrar)
 (No. St.; Ward)

(2) Full Name of Child Jim Connor Tribble Jr. (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>June 7, 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Jim Connor Tribble</u>			14. NAME BEFORE MARRIAGE <u>Mrs. Bell Saylor</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Anderson, S.C. R#1</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Anderson, S.C. R#1</u>	
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>26</u> (Years)	16. COLOR OR RACE <u>White</u>	17. AGE AT LAST BIRTHDAY <u>26</u> (Years)	
12. BIRTHPLACE <u>Anderson, S.C.</u>		18. BIRTHPLACE <u>Anderson, S.C.</u>		
13. OCCUPATION <u>Farmer</u>		19. OCCUPATION <u>Housewife</u>		
20. Number of children born to mother, including present birth <u>3</u>		21. Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:05 A.M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) F. A. Pruitt

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

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

(27) Filed July 10, 1922 (28) W. C. Campbell 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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