

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26335

Registration District No. 3209A Registered No. 114

(For use of Local Registrar)

St. Simplex Ward 7D
 (No. 7D)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child

If child is not yet named, make
 supplemental report as directed

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? <u>No</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>5/26/22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Walter McColister</u>			14) NAME BEFORE MARRIAGE <u>Bessie Smith</u>	
9) PRESENT POSTOFFICE OF FATHER <u>70 Simplex</u>			15) PRESENT POSTOFFICE OF MOTHER <u>70 Simplex</u>	
10) COLOR OR RACE <u>W</u>			16) COLOR OR RACE <u>W</u>	
11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
12) BIRTHPLACE <u>M-C</u>			18) BIRTHPLACE <u>A-C</u>	
13) OCCUPATION <u>Left</u>			19) OCCUPATION <u>house</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 Born alive at 4 P.M.
 on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.))

(23) (Signature) [Signature](24) State whether Physician or Midwife Phys.(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Aug 20 1922 (28) A. H. Mackey
 Registrar 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.