

McGraw-Hill  
N. B.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
SEPARATE BLANK for each child, and mark the

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of Woodruff  
or  
Inc. Town of Woodruff  
or  
City of Woodruff (No. ....) (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  
23855-52

Registration District No. 40-13 Registered No. 52  
(For use of Local Registrar)

2) Full Name of Child Paul { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16, 1922  
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>David Beiers</u>		(14) NAME BEFORE MARRIAGE	<u>Matthe Cooper</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Woodruff</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Woodruff</u>	
(10) COLOR OR RACE	<u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE	<u>White</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE	<u>Spartanburg Co.</u>		(18) BIRTHPLACE	<u>Spartanburg Co.</u>	
(13) OCCUPATION	<u>Mill work</u>		(19) OCCUPATION	<u>Home wife</u>	
(20) Number of children born to mother, including present birth	<u>1</u>		(21) Number of children of this mother now living, including present birth	<u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) C. H. McCaw  
(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Woodruff

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Chas. L. Boyter  
(27) Filed 8/8/22 (28) Chas. L. Boyter Local Registrar

Given name added from a supplemental report  
..... 191.....  
.....  
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.

..... 191..... (27) Filed 8/8/22 (28) Chas. L. Boyter 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.