

## (1) PLACE OF BIRTH

County of Spartanburg

Township of .....

or

Inc. Town of .....

or

City of Spartanburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Rowan Bost

File No.—For State Registrar Only

16641

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 40-aRegistered No. 231

(For use of Local Registrar)

(No. General Hospital Ward)

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

May 9 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Rowan Bost

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg, S.C. R.R. 6

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

postal clerk

## MOTHER.

(14) NAME BEFORE MARRIAGE

May Delta Bost

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg, S.C. R.R. 6

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

31

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

6

(21) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Shendon M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

102 1/2 E. Main St., Spartanburg, 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 6-1-221922Jas. Cokes

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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