

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Crossland
 or
 Inc. Town of Crossland
 or
 City of Crossland
 (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

16733

Registration District No. 4013Registered No. 42
(For use of Local Registrar)

St.; Ward)

(No.)

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

(2) Full Name of Child

(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 May 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius Franklin Pettit
 (9) PRESENT POSTOFFICE OF FATHER Crossland S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
 (Years)
 (12) BIRTHPLACE Spartanburg Co.
 (13) OCCUPATION Editor Rice Works
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Odessa Campbell
 (15) PRESENT POSTOFFICE OF MOTHER Crossland S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE Spartanburg Co.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:50 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. D. Marshall(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Crossland 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 May 5 19 22(28) C. D. Marshall 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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