

MARGINAL INFORMATION FOR INDEXING.  
 WHERE PLAIN. WITH UNFOLDING IN CASE OF CHILD, AND MARK THE  
 N. B.—In case of stillbirth, No. 1, this other, No. 2, etc. in question 6.  
 REGISTER, GEORGETOWN, GEORGIA.

(1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cross Creek  
 or  
 Inc. Town of Conover  
 or  
 City of \_\_\_\_\_

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

File No.—For State Registrar Only

2507

Registration District No. 4-503 Registered No. 1  
 (For use of Local Registrar)

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

(2) Full Name of Child

Fay Skelton

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 5 1922  
 (Month of Month) (Day) (Year)

FATHER

(8) FULL NAME Thomas Skelton  
 (9) PRESENT POSTOFFICE OF FATHER Conover  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39  
 (Year) (12) BIRTHPLACE Haywood Co. N. C.  
 (13) OCCUPATION Cotton mill work  
 (14) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Geneva Davis  
 (15) PRESENT POSTOFFICE OF MOTHER Conover  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32  
 (Year) (18) BIRTHPLACE Spartanburg Co. S. C.  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 A.M.  
 on the date above stated (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. S. Hanna (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Conover S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 6 1922 (28) C. S. Hanna 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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