

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of Beech

or

Inc. Town of

or

City of

(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

16684

Registration District No. 40.8Registered No. 92

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? No

(7) DATE OF

BIRTH May 31, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Willey Boman(9) PRESENT POSTOFFICE OF FATHER Immense(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE AG.(13) OCCUPATION Trimmer(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Louevie Bonister(15) PRESENT POSTOFFICE OF MOTHER Immense(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 23

(Years)

(18) BIRTHPLACE AG.(19) OCCUPATION Field Hand & Cook(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 born alive at 11:30 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Josh Gibson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Immense

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 1, 1922

(28)

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.