

Filed BVS Spartanburg, S. C. 10/15/42

FILE No. 22 050409

**1. PLACE OF BIRTH**  
 County of Spartanburg  
 Township of Beech Springs  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Greer, S.C. (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

**Standard Certificate of Birth**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

**2. FULL NAME OF CHILD** Roy Jack Dill (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl boy 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
 6. Premature \_\_\_\_\_ Full term yes 7. Are Parents Married? yes 8. Date of birth July 2, 1922 19\_\_\_\_  
 (Month, day, year)

9. Full name of FATHER Dec'd. 59 MOTHER Surv 62  
Posey Jack Dill Rebecca Amanda Crews  
 10. Residence (mailing address) Greer, S.C. 19. Residence (mailing address) same  
 (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 45 (Years) 20. Color or race white 21. Age at last birthday 42 (Years)  
 13. Birthplace (city or place) Greenville Co. SC 22. Birthplace (city or place) Greenville Co. SC  
 (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>textile</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Victor Mills</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
	16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work <u>now</u> , 19____
	17. Total time (years) spent in this work <u>12 yr</u>		26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) 6 (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months weeks 29. Cause of stillbirth \_\_\_\_\_ (Before labor \_\_\_\_\_ During labor \_\_\_\_\_)

Specify any physical deformities of child at birth \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive \_\_\_\_\_ m. on the date above stated.  
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
 certify that I instilled or had instilled in the eyes of this child at \_\_\_\_\_ M. on above date

(Signed) H. B. Coleman, M.D.

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_  
 (Name of Prophylactic)

or \_\_\_\_\_ M.D.

Address Greer, S.C.

Filed 10/15/42, 19\_\_\_\_ Registered by J. W. Phyley, Director  
 Registrar.

J. W. Phyley, Director of Vital Statistics  
Spartanburg County, S.C. By: R.R.P.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)