

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

Standard Certificate of Birth

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.

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

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

(No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Roy Jack Dill

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

3. Boy or Girl <u>boy</u>	4. Twin, triplet or other..... 5. Number, in order of birth.....	6. Premature..... Full term <u>yes</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>July 2, 1922</u> (Month, day, year)
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9. Full name <u>Posay Jack Dill</u>	FATHER <u>Dec'd. 59</u>	18. Full maiden name <u>Rebecca Amanda Crews</u>	MOTHER <u>Surv 62</u>
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10. Residence (mailing address) (If non-resident, give place and State) <u>Greer, S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>same</u>
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11. Color or race <u>white</u>	12. Age at last birthday <u>45</u> (Years)	20. Color or race <u>white</u>	21. Age at last birthday <u>42</u> (Years)
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13. Birthplace (city or place) (State or country) <u>Greenville Co. SC</u>	22. Birthplace (city or place) (State or country) <u>Greenville Co. SC</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>textile</u>	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 _____
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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.

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

Given name added from a supplementary report _____
(Date of) _____

or _____ XXXX Midwife

Address Greer, S.C.

Filed 10/15/42, 19____ Registered by J. W. Phyley, Director

Registrar.

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)