

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofCity of *Spartanburg*

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

(2) Full Name of Child

Wm. William Wham Jr.

File No. — For State Registrar Only

9045

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *40-2*Registered No. *106*

(For use of Local Registrar)

(No. *335 S. Liberty*)

St.; Ward)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb 22 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Wm. Wham*(9) PRESENT POSTOFFICE OF FATHER *Spartanburg*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *21* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Chas. S. R.R.*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Elain Mitchell*(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *21* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *6:35 P.M.* on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) *Gene R. Byrd M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *N.E. Main St.*

Give name added from a supplemental report

(26) Witness

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

(27) Filed *4-1-* 19 *22*

(28)

Jas. Cooper 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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