

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Low Moor  
 or  
 Inc. Town of Low Moor  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20201

Registration District No. 4003 Registered No. 52  
 (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

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

3 BOY OR GIRL <u>Girl</u>	4 Twin or Triplet? To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>June 1, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Conde Parish</u>			14 NAME BEFORE MARRIAGE <u>Erika Ellen Murphy</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Low Moor S.C.</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Low Moor S.C.</u>	
10 COLOR OR RACE <u>white</u>	11 AGE AT LAST BIRTHDAY <u>23</u> (Years)	16 COLOR OR RACE <u>white</u>	17 AGE AT LAST BIRTHDAY <u>22</u> (Years)	
12 BIRTHPLACE <u>Spartanburg Co.</u>			18 BIRTHPLACE <u>Spartanburg Co.</u>	
13 OCCUPATION <u>mill work</u>			19 OCCUPATION <u>Domestic</u>	
20 Number of children born to mother, including present birth <u>1</u>			21 Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. D. Hanna

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Physician, Low Moor, S.C.

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) C. D. 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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