

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg
or
Inc. Town of Dryden
or
City of

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

File No.—For State Registrar Only
20244

Registration District No. 4008 Registered No. 156
(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 Gladys Louise Willis If child is not yet named, make supplemental report as directed

3. BOY OR GIRL girl 4. Twin or Triplet? To be answered only in event of Twins or Triplets 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH May 7, 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Wesley Willis
9. PRESENT POSTOFFICE OF FATHER Dryden S.C.
10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 21
(Years) 12. BIRTHPLACE S.C.
13. OCCUPATION Cotton mill
20. Number of children born to mother, including present birth 3

MOTHER.

14. NAME BEFORE MARRIAGE Annie Blanton
15. PRESENT POSTOFFICE OF MOTHER Dryden
16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 20
(Years) 18. BIRTHPLACE N.C.
19. OCCUPATION Housewife
21. Number of children of this mother new living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Dryden 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 7-1 19 22 (28) E. J. Parker
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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