

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Cross Creek

or Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16731

Registration District No. 4003Registered No. 40  
(For use of Local Registrar)

St.; ..... Ward)

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

## (2) Full Name of Child

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH May 28, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Dennis Hughes(9) PRESENT POSTOFFICE OF FATHER Enoree S.C.R.F.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 37  
(Years)(12) BIRTHPLACE Sp. Trg. Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Nannie Mathias(15) PRESENT POSTOFFICE OF MOTHER Enoree S.C.R.F.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 35  
(Years)(18) BIRTHPLACE Enoree Co. N.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Edmund Shuler(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Enoree 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 May 28, 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.