

(1) PLACE OF BIRTH

County of HyTownship of Spartanburg

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32324

Registration District No. 4008 Registered No. 330

(For use of Local Registrar)

(2) Full Name of Child... Elizabeth Peruggi If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl

(4) Twin or triplet?

(5) Number in order of birth

Is to be answered only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH 4 2 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Peruggi(9) PRESENT POSTOFFICE OF FATHER Campers S.C.(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION mill

(14) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Crofts

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Hy M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 18 1922(28) 1922(29) Mr. E. F. 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 28th month of pregnancy.