

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of
 or
 City of Clinton S.C.

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

File No.—For State Registrar Only
20273

Registration District No. 4008 Registered No. 201....
 (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 Anna Perry (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? Girl 4) Twin or Triplet? X 5) Number in order of birth X 6) Are Parents Married? Yes 7) DATE OF BIRTH June 3, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Robert Perry
 9) PRESENT POSTOFFICE OF FATHER Clinton S.C.
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 41 (Years)
 12) BIRTHPLACE Clinton S.C.
 13) OCCUPATION Mill Work.
 20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Ruth Walker
 15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 29 (Years)
 18) BIRTHPLACE Clinton S.C.
 19) OCCUPATION House Wife
 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 Born alive... at 6:30 AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. G. Owens (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Clinton 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 7-1-22 (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.

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No 4 THE OTHER. No 2, etc., in question 6.