

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.

McGraw-Hill Co.

(1) PLACE OF BIRTH  
County of Pickens  
Township of .....

or  
Inc. Town of .....

City of Easley  
(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  
**19788**

Registration District No. 37-2 Registered No. 88  
(For use of Local Registrar)

2) Full Name of Child..... { 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH June 26 1922  
(Name of Month) (Day) (Year)

**FATHER**  
(8) FULL NAME John C Gillespie  
(9) PRESENT POSTOFFICE OF FATHER Easley  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Mechanic  
(14) Number of children born to mother, including present birth 8

**MOTHER**  
(14) NAME BEFORE MARRIAGE Cora C Gillespie  
(15) PRESENT POSTOFFICE OF MOTHER Easley  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)  
(18) BIRTHPLACE Ga  
(19) OCCUPATION Domestic  
(20) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Bolt  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Easley

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed for mark)

(27) Filed July 1 1922 (28) E. H. Wyatt 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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McGraw-Hill Co. LOCAL REGISTRAR.  
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