

(1) PLACE OF BIRTH

County of Spaulding  
Township of Cherokee  
or  
Inc. Town of .....  
or  
City of .....

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

File No. For State Registrar Only  
**16723**

Registration District No. 40020

Registered No. 47  
(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 Herbert Lee Painter  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1  
To be answered only in event of Twins or Triplets  
Are Parents Married? Yes (7) DATE OF BIRTH May 22, 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME B. Lathan Painter  
(9) PRESENT POSTOFFICE OF FATHER partenure SC P 1  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41  
(Years)  
(12) BIRTHPLACE NC  
(13) OCCUPATION Farmer

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Malinda Dobins  
(15) PRESENT POSTOFFICE OF MOTHER Spaulding SC P 1  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
(Years)  
(18) BIRTHPLACE NC  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1  
(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. W. Painter MD  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Cherokee SC

Given name added from a supplemental report

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

(27) Filed May 22, 1922 (28) W. W. Painter 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.