

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Beech Springs
 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
36394

Registration District No. 40-6 Registered No. 175
 (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

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

(3) BOY OR GIRL? <u> Boy </u>	(4) Twin or Triplet? <u> No </u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u> Yes </u>	(7) DATE OF BIRTH <u> Oct 25 22 </u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u> L. W. Solebee </u>			(14) NAME BEFORE MARRIAGE <u> Eva Horton </u>	
(9) PRESENT POSTOFFICE OF FATHER <u> Furman S.C. </u>			(15) PRESENT POSTOFFICE OF MOTHER <u> Furman S.C. </u>	
(10) COLOR OR RACE <u> White </u>	(11) AGE AT LAST BIRTHDAY <u> 20 </u> (Year)	(16) COLOR OR RACE <u> White </u>		(17) AGE AT LAST BIRTHDAY <u> 16 </u> (Year)
(12) BIRTHPLACE <u> Sptg Co S.C. </u>			(18) BIRTHPLACE <u> Sptg Co S.C. </u>	
(13) OCCUPATION <u> Farmer </u>			(19) OCCUPATION <u> Housewife </u>	
(20) Number of children born to mother, including present birth <u> 1 </u>			(21) Number of children of this mother now living, including present birth <u> 1 </u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Boy, alive at 12:30 a M.,
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Jas. H. Gibson, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Furman 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 Oct 25 22 (28) L. E. Lapham 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.