

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of Lawrenceville

or

Inc. Town of

or

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

Registration District No. 40-S

File No.—For State Registrar Only

36399

Registered No. 167
(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 5, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

R. H. Shreve

(9) PRESENT POSTOFFICE OF FATHER

Irmausb R 3

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

3 5
(Year)

(12) BIRTHPLACE

IL

(13) OCCUPATION

Carpenter

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

4

MOTHER

(14) NAME BEFORE MARRIAGE

Pearl Thompson

(15) PRESENT POSTOFFICE OF MOTHER

Irmausb R 3

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24
(Year)

(18) BIRTHPLACE

IL

(19) OCCUPATION

Housewife

(21) 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 born alive at 1109 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. E. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Irmausb

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 12, 1922

(28)

Geo. E. Thompson
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.
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.
MEGAW OF COLUMBIA, COLUMBIA, S. C.