

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 "
 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
32137

Registration District No. 40-A Register No. 435
 (For use of Local Registrar)

(No. 113 Leonard 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 Hyatt (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 6) Are Parents Married? yes 7) DATE OF BIRTH Sept 5 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Ben Hyatt
 9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.
 10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 19 (Years)
 12) BIRTHPLACE Spartanburg County
 13) OCCUPATION clerk
 20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Candice Cox
 15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.
 16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 22 (Years)
 18) BIRTHPLACE S.C.
 19) OCCUPATION Housewife
 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 alive at 12 M. on the date above stated. (Normal live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Conn, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, 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 10-1-1922 (28) Jas Copes 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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