

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of
 or
 City of Spartanburg

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

File No.—For State Registrar Only
20238

Registration District No. 4008 Registered No. 165
 (For use of Local Registrar)

(No. R1) 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 Zelbush Herbert Edmunds child is not yet named, make supplemental report as directed

3 BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 26, 1922
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Strover Edmunds
 9 PRESENT POSTOFFICE OF FATHER Spartanburg R1 S.C.
 10 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)
 12 BIRTHPLACE W.C.
 13 OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Begwell
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg R1 S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

20 Number of children born to mother, including present birth { 3 } (21) Number of children of this mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. H. Chapman
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Whitney 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 7-1-22 (28) W. J. Parker 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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