

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or
Inc. Town of

or
City of Spartanburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Miss Lucy Alice

(3) BOY OR
GIRL

(4) Twin
or Triplet? Girl

To be answered only in event of Twin or Triplets

(5) Number in
order of birth

(6) Are
Parents
Married? Yes

(7) DATE OF

BIRTH May 13 19 22

(Name of Month) (Day) (Year)

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

16650

Registration District No. 40-a

Registered No. 240
(For use of Local Registrar)

(No. 130 Cotton St.

St. Ward)

FATHER.

(8) FULL NAME William Edward McFall

(9) PRESENT
POSTOFFICE
OF FATHER

City

(10) COLOR
OR
RACE

Wh.

(11) AGE AT LAST
BIRTHDAY 41

(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Mill Work

MOTHER.

(14) NAME BEFORE
MARRIAGE

Bettie Parris

(15) PRESENT
POSTOFFICE
OF MOTHER

City

(16) COLOR
OR
RACE

Wh.

(17) AGE AT LAST
BIRTHDAY 40

(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Housewife

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

7

(21) Number of children of this mother
now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:40 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. O. W. Leonard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed 6-1-22

(28)

Local Registrar