

## (1) PLACE OF BIRTH

County of Christiansburg  
 Township of mt. Rogers  
 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

41682

Registration District No. 1205 Registered No. 88  
 (For use of Local Registrar)

City of..... (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 not named If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 12 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Silas J. Fincher  
 (9) PRESENT POSTOFFICE OF FATHER Quincy S.C. P#2  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32  
 (Year) (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer and Teacher  
 (20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Quincy S.C. P#2  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35  
 (Year) (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed

(28) 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.