

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Campobello
 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

20114

Registration District No. 40-C Registered No. 101.....
 (For use of Local Registrar)

(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 Helen Stone { 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 June 19 1922
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME H. L. Stone (9) PRESENT POSTOFFICE OF FATHER Inman SC R. 3 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years) (12) BIRTHPLACE S.C. (13) OCCUPATION Farmer (14) NAME BEFORE MARRIAGE Mamie E. Barker (15) PRESENT POSTOFFICE OF MOTHER Inman SC R. 3 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years) (18) BIRTHPLACE SC (19) OCCUPATION Housewife (20) Number of children born to mother, including present birth 7th (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 3 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jas. R. Gibson M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Inman SC

Given name added from a supplemental report

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

(27) Filed June 20 1922 (28) E. A. Capers 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.