

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

MEAD & CO. COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of .....  
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

Registration District No. 40-A Registered No. 255  
(For use of Local Registrar)  
General Hosp. St.; ..... Ward)

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>May 9, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Lester James Hill</u>			14) NAME BEFORE MARRIAGE <u>Lillian Smith</u>	
9) PRESENT POSTOFFICE OF FATHER <u>658 Schuchert Spartanburg S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg S.C.</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
12) BIRTHPLACE <u>N.C.</u>			18) BIRTHPLACE <u>N.C.</u>	
13) OCCUPATION <u>Machinist</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Lester James Hill  
(24) State whether Physician or Midwife Physician  
(25) Address of Physician or Midwife 102 E. Main St.

Given name added from a supplemental report  
Thos. P. Leseane  
6-22-22, 19 ..  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 7-1-22 (28) Gas. Cooper  
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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