

MARGIN RESERVE: ED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—GIVE IN A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS—SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN. No. 1 THE OTHER, No. 2, etc., in question 6

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg
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.)

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

File No.—For State Registrar Only
20251

Registration District No. 4008 Registered No. 177
(For use of Local Registrar)
(No. R2 St.; Ward)

(2) Full Name of Child Grace McKillup { If child is not yet named, make supplemental report as directed

3 BOY OR GIRL? girl 4 Twin or Triplet? 5 Number in order of birth 6 Are Parents Married? yes 7 DATE OF BIRTH May 16 19 22
(Name of Month) (Day) (Year)

FATHER.
8 FULL NAME Boys McKillup
9 PRESENT POSTOFFICE OF FATHER Spartanburg R2 S.C.
10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 35 (Years)
12 BIRTHPLACE N.C.
13 OCCUPATION Cotton mill
20 Number of children born to mother, including present birth 4

MOTHER.
14 NAME BEFORE MARRIAGE Lizzie Gilberk
15 PRESENT POSTOFFICE OF MOTHER Spartanburg R2 S.C.
16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 30 (Years)
18 BIRTHPLACE N.C.
19 OCCUPATION Housewife
21 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9.45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman
(24) State whether Phys 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 19 22 (28) E. 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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