

MARGIN RESERVED FOR BINDING.
WHILE 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.

(1) PLACE OF BIRTH
County of Spartanburg
Township of
or
Inc. Town of
or
City of Spartburg
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 40-A Registered No. 364
(For use of Local Registrar)
St.; Ward)
(2) Full Name of Child Deanna Dial Jones
(If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>5-16-22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Deanna Dial</u>			14) NAME BEFORE MARRIAGE <u>Gracis Phillips</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>38</u>			17) AGE AT LAST BIRTHDAY <u>38</u>	
12) BIRTHPLACE <u>SC</u>			18) BIRTHPLACE <u>SC</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>11</u>			21) Number of children of this mother now living, including present birth <u>11th</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.
(23) (Signature) A. W. Wideman, M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
.....
19 Registrar
(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 10-1-22 (28) Jas. Copes 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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