

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Youngs
 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

19298

Registration District No. 2908 Registered No. 35-
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

(2) Full Name of Child

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 25, 1922
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Walter Birch
 9 PRESENT POSTOFFICE OF FATHER Truff, S.C. 2842
 10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 20 (Years)
 12 BIRTHPLACE South Carolina
 13 OCCUPATION Farmer

MOTHER.

14 NAME BEFORE MARRIAGE Lillian Rost
 15 PRESENT POSTOFFICE OF MOTHER Truff, R.F.D. 12
 16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 24 (Years)
 18 BIRTHPLACE Spartanburg Co.
 19 OCCUPATION Domestic
 20 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 alive at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. L. Harris(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenville, 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 7/10 19 22(28) R. L. Harris 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.