

(1) PLACE OF BIRTH

County of SpartanburgTownship of BSor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 40559

File No.—For State Registrar Only

32191

Registered No. 92
(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

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

3. SEX OF CHILD GIRL	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Sept 1, 22</u> (Name of Month) (Day) (Year)
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FATHER.

8. FULL NAME William Fred Babbe9. PRESENT POSTOFFICE OF FATHER Duncan SC10. COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Years)12. BIRTHPLACE Spartanburg Co13. OCCUPATION Farmer20. Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Annis(15) PRESENT POSTOFFICE OF MOTHER Duncan SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Greenville Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 230 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thurman Weathers(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Thurman Weathers

Given name added from a supplemental report

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

(27) Filed Sept 11, 22 (28) J. C. Moore 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.