

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.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of .....  
or  
Inc. Town of .....  
or  
City of Laurens  
(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

23812

Registration District No. 40-a Registered No. 318  
(For use of Local Registrar)

(2) Full Name of Child

St.; ..... Ward)  
If child is not yet named, make supplemental report as directed

3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH January 22 1922  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Jack Doleson  
9) PRESENT POSTOFFICE OF FATHER Dpt 4 SC  
10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21 (Years)  
12) BIRTHPLACE Andy Bottom NC  
13) OCCUPATION Mill Wk  
20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Frances Barnes  
15) PRESENT POSTOFFICE OF MOTHER Dpt 4 SC  
16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 14 (Years)  
18) BIRTHPLACE Big Leno NC  
19) OCCUPATION Domestic  
21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) J. J. Henry (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 8-1- 19 22 (28) Gas 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.

Registrar

Midw.

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