

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PREPARED BLANK FOR EACH CHILD, and mark the N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANKS FOR EACH CHILD, No. 2, etc., in question 5. 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 Spartanburg

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

File No.—For State Registrar Only
23804

Registration District No. 40-A Registered No. 309.....
(For use of Local Registrar)

(No. 265 Charles.....St.;Ward)
If child occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child

3) BOY OR GIRL? <u>Boy</u>	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>June 16</u> 19 <u>22</u> (Month) (Day) (Year)
FATHER.				MOTHER.
8) FULL NAME <u>David Jones</u>				14) NAME BEFORE MARRIAGE <u>Scrise Duncan</u>
9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg Charles</u>				15) PRESENT POSTOFFICE OF MOTHER <u>265 Charles St</u>
10) COLOR OR RACE <u>colored</u>	11) AGE AT LAST BIRTHDAY <u>24</u> (Years)		16) COLOR OR RACE <u>colored</u>	17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
12) BIRTHPLACE <u>SC</u>				18) BIRTHPLACE <u>SC</u>
13) OCCUPATION <u>truck driver</u>				19) OCCUPATION <u>housewife</u>
20) Number of children born to mother, including present birth <u>1</u> <u>2</u>				21) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) H. M. Sheridan
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
102 1/2 E Main

Given name added from a supplemental report

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

(27) Filed 8-1-1922 (28) Jas. Cooper 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.

*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.