

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

File No.—For State Registrar Only

County of Spartanburg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

23812-A

10.....
(Registrar)

.....Ward)
(ber.)

named, make
as directed

19...
(Year)

1. PLACE OF BIRTH

County of Spartanburg

Township of 11

or
Twp. of 11

City of 11

Registration District No. _____

Registered No. _____
(For use of Local Registrar)

St.; _____ Ward)

(If birth 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 Robert Lee Hall

7. DATE OF BIRTH

7 22 1922
(Name of Month) (Day) (Year)

3. BOY OR GIRL Boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

To be answered only in event of Twins or Triplets

MOTHER

FATHER

8. FULL NAME William C Hall

14. NAME BEFORE MARRIAGE Margie Buffin

9. PRESENT POSTOFFICE OF FATHER Glendale SC

15. PRESENT POSTOFFICE OF MOTHER Glendale SC

10. COLOR OR RACE W

11. AGE AT LAST BIRTHDAY 36
(Years)

16. COLOR OR RACE W

17. AGE AT LAST BIRTHDAY 25
(Years)

12. BIRTHPLACE NC

18. BIRTHPLACE SC

13. OCCUPATION mil W

19. OCCUPATION house W

20. Number of children born to mother, including present birth { 3

21. Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was alive at 10 M. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

23. Signature W. B. Lunsford M.D.
24. State whether Physician or Midwife

25. Address of Physician or Midwife Spartanburg SC

Given name added from a supplemental report

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

27. Filed _____ 19 _____ 28. _____ 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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