

## (1) PLACE OF BIRTH

County of *Spartanburg*Township of *Spartanburg*

or Inc. Town of

City of *Courville SC*

(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

28002

Registration District No. *4008*Registered No. *283*  
(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

*May*

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

(3) BOY OR GIRL *Boy*(4) Twin or Triplet? *1*(5) Number in order of birth *2*(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

*June 17, 1922*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Chas King*

(9) PRESENT POSTOFFICE OF FATHER

*Courville SC*(10) COLOR OR RACE *W*(11) AGE AT LAST BIRTHDAY *17*  
(Years)

(12) BIRTHPLACE

*SC*

(13) OCCUPATION

*Textile*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Estelle Bohler*

(15) PRESENT POSTOFFICE OF MOTHER

*Courville SC*(16) COLOR OR RACE *W*(17) AGE AT LAST BIRTHDAY *23*  
(Years)

(18) BIRTHPLACE

*N. C.*

(19) OCCUPATION

*House work*

(20) Number of children born to mother, including present birth

*Two*

(21) Number of children of this mother now living, including present birth

*Two*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *1:45 a.m.* on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) *Chas King*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Courville SC*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*Aug. 12, 1922*

(28)

*Mrs. E. F. Parker*  
Local Registrar

19 .. 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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