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**PLACE OF BIRTH**  
 City of Spartanburg  
 County of Spartanburg  
 Town of .....  
 (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  
**19218**

Registration District No. 4008 Registered No. 144  
 (For use of Local Registrar)

St. .... Ward .....

**Full Name of Child** .....

SEX OR SEX <u>Bo</u> (1) Twin or Triplet To be covered only in event of Twin or Triplet	(2) Number in order of birth .....	(3) Are Parents Married <u>Yes</u>	(4) DATE OF BIRTH <u>June 20 1922</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> FULL NAME <u>Ernest Calhoun Anthony</u> PRESENT POSTOFFICE OF FATHER <u>Converse SC R 1</u> COLOR OR RACE <u>White</u> BIRTHPLACE <u>C</u> OCCUPATION <u>Farmer</u> Number of children born to father, including present birth <u>7</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Lillie Belle Walker</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Converse R 1</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>35</u> (18) BIRTHPLACE <u>SC</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>7</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

I hereby certify that I attended the birth of this child, who was ..... at 4:40 P. M.  
 (Born alive or stillborn) (Hour, M., or P. M.)  
 on the date above stated.

(22) (Signature) William C. F. Parker  
 (23) State whether Physician or Midwife Physician  
 (24) Address of Physician or Midwife Converse SC

Give name added from a supplemental report .....

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

(27) Filed June 12 1922 by Mrs. C. F. Parker Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make the 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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