

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Landrum  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

Registration District No. 4001-a

File No.—For State Registrar.

20165Registered No. 55  
(For use of Local Registrar)

## (2) Full Name of Child

3) BOY OR GIRL Boy  
 4) Twin or Triplet? No  
 5) Number in order of birth 1  
 To be answered only in event of Twin or Triplets

6) Are Parents Married? Yes

7) DATE OF BIRTH Jan. 7, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Edwin L. Banks  
 9) PRESENT POSTOFFICE OF FATHER Landrum, S.C.  
 10) COLOR OR RACE White  
 11) AGE AT LAST BIRTHDAY 36  
 (Years)  
 12) BIRTHPLACE Yancy Co. N.C.  
 13) OCCUPATION Farmer  
 20) Number of children born to mother, including present birth 1

## MOTHER.

14) NAME BEFORE MARRIAGE Mellie Waters  
 15) PRESENT POSTOFFICE OF MOTHER Landrum, S.C.  
 16) COLOR OR RACE White  
 17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 18) BIRTHPLACE Yancy Co. N.C.  
 19) OCCUPATION Housekeeping  
 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 M. or P. M.)

(23) (Signature) R. L. Schisler, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Landrum, S.C.

Given name added from a supplemental report

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

(27) Filed 1-7-22 (28) C. L. Mayhew 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.