

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar

16823

Registration District No. 4009Registered No. 64
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>May 15 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>W. M. Shirbert</u>			(14) NAME BEFORE MARRIAGE <u>Weskie Shirbert</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hoodruff # 3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hoodruff # 3</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)	
(12) BIRTHPLACE <u>So Ca</u>			(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House-Keeping</u>	
(20) Number of children born to mother, including present birth <u>Seven</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. A. Hoodruff(24) State whether Physician or Midwife Phys(25) Address of Physician or Midwife Hoodruff

Given name added from supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 10 1922 (28) Chas. L. Boyte 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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