

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

20267

Registration District No. 4008

Registered No. 193  
(For use of Local Registrar)

(2) Full Name of Child Aussie Gale

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lully Bomar  
(9) PRESENT POSTOFFICE OF FATHER Fairmount S.C.  
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 19 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ala Gale  
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg R2 S.C.  
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 16 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(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 alive at 30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Chapman

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Spartanburg 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 7-1-22 (28) E. J. Parker 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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