

## (1) PLACE OF BIRTH.

County of Spartanburg

Township of .....

or  
Inc. Town of .....or  
City 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

43559

Registration District No. 3109 Registered No. 137  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Sept. 29, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Thomas Edwin Corley

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

29  
(Years)

(12) BIRTHPLACE

Spartan Co.

(13) OCCUPATION

Farmer

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Reba Katherine Corley

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg SC.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

33  
(Years)

(18) BIRTHPLACE

Spartan Co.

(19) OCCUPATION

Domestic

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

H. F. Roberts

(24) State whether Physician or Midwife

M.D.

(25) Address of Physician or Midwife

Spartanburg SC.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 9, 1923

(28)

Mrs. C. E. Taylor  
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.

Registrar

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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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

N. B.