

## (1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only

16809

Registration District No. 4008 Registered No. 143  
 (For use of Local Registrar)

City of ..... (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 J. B. Bailey (If child is not yet named, make supplemental report as directed)

(3) SEX OR GILT Boy (4) Twin or Triplet? No (5) Number in order of birth 2nd (6) Are Parents Married? yes (7) DATE OF BIRTH May 30 1922  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>J. B. Bailey</u>	(14) NAME BEFORE MARRIAGE <u>Leila Lane</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Saxon Mills</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Saxon Mills</u>
(9) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>	(10) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(11) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(12) OCCUPATION <u>Cotton mill operative</u>	(19) OCCUPATION <u>Housewife</u>
(13) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:55 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) D. P. Hightower M.D. (24) Address of Physician or Midwife Academy, S.C.

Given name added from a supplemental report:

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

(26) Filed June 8 1922 (27) Local Registrar C. F. Parker

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.