

## (1) PLACE OF BIRTH

County of

Township of

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 Only

20166

Registration District No. 4001-a

Registered No. 56  
(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

3) BOY OR GIRL

Girl

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth 10

6) Are Parents Married?

yes

7) DATE OF

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

## FATHER.

8) FULL NAME

J. B. Amvill

9) PRESENT POSTOFFICE OF FATHER

Anderson

10) COLOR OR RACE

white

11) AGE AT LAST BIRTHDAY 48  
(Years)

12) BIRTHPLACE

N.C.

13) OCCUPATION

Farmer

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

16

## MOTHER.

14) NAME BEFORE MARRIAGE

Lula Redden

15) PRESENT POSTOFFICE OF MOTHER

Spartanburg

16) COLOR OR RACE

white

17) AGE AT LAST BIRTHDAY 38  
(Years)

18) BIRTHPLACE

N.C.

19) OCCUPATION

Housewife

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

9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.... at 12:30 A.M.,  
on the date above stated. (Bea alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1-9-22

(28) C. L. Mayberry-7  
Local RegistrarWhen 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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