

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 .....  
 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  
**20082**

Registration District No. 40-a Registered No. 274  
 (For use of Local Registrar)  
 (No. 160 Thoncas St.; ..... Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 8, 1922  
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME R. H. Hines  
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE N. C.  
 (13) OCCUPATION Carpenter  
 (20) Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE Marie C. Currell  
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House-wife  
 (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 stillborn at 3 P.M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) H. J. Gowan, M.D.

(24) State whether Physician or Midwife

(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 9-1-22 (28) Jas. Copes 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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MECA OF COLUMBIA, COLUMBIA, S. C.