

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH ENLARGING 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 Whitney
 OR
 City of

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

File No.—For State Registrar Only
20231

Registration District No. 4008 Registered No. 158
 (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 Vera Estelle Israel

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

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

FATHER.
 8) FULL NAME Ben Israel
 9) PRESENT POSTOFFICE OF FATHER Whitney S.C.
 10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)
 12) BIRTHPLACE S.C.
 13) OCCUPATION Cottonmill
 20) Number of children born to mother, including present birth 1

MOTHER.
 14) NAME BEFORE MARRIAGE Cather Stanton
 15) PRESENT POSTOFFICE OF MOTHER Whitney S.C.
 16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (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 20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman
 (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Whitney S.C.

Given name added from a supplemental report

 19 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 7-1-22 (28) E. J. Jarrett 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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