

1. 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 Beech Springs  
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

20118

Registration District No. 40-C Registered No. 105  
(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 Colea May Bobo { 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 event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 23, 1922  
(Specify of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bedney Bobo  
(9) PRESENT POSTOFFICE OF FATHER Spartanburg R-3  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44  
(Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1 8th

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Wallace  
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg R-3  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35  
(Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1 8th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jas. R. Gibson M.D. (24) State whether Physician or Midwife (25) Address of Physic or Midwife Immam St.

Given name added from a supplemental report

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

(27) Filed June 24, 1922 (28) E. A. Capers Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.