

## (1) PLACE OF BIRTH

County of

*Spartanburg*

Township of

*11*

City of

*11*

City of

*11*

City of

*11*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32314

Registration District No. *4008*Registered No. *291*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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?

(7) DATE OF BIRTH

*Jan. 28, 22*

(Year of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Carlisle Williams*

(9) PRESENT POSTOFFICE OF FATHER

*Campers St.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*27*

(Years)

(12) BIRTHPLACE

*S.C.*

(13) OCCUPATION

 *Clerk*

(14) Number of children born to mother, including present birth

*1*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Sue Waters*

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

*W*

(17) AGE AT LAST BIRTHDAY

*21*

(Years)

(18) BIRTHPLACE

*S.C.*

(19) OCCUPATION

*Domestic*

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

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was *born alive* at *11* *P.M.* on the date above stated. (Hour A. M. or P. M.)

(22) (Signature)

*C. H. Martin*

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

*Campers St.*

Give name added from a supplemental report

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(25) Witness

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

(26) Filed

*Sept. 12, 1922*

(27)

*Mrs. E. F. Parker*

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.