

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cross Anchor  
 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

16725

Registration District No. 4003Registered No. 39  
(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.)

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

## (2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 25 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Clarence H Hill  
 (9) PRESENT POSTOFFICE OF FATHER Enoree, R.F.D.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)  
 (12) BIRTHPLACE Heywood C. N.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Lois Littlefield  
 (15) PRESENT POSTOFFICE OF MOTHER Enoree, R.F.D.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE Spartanburg  
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 1(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 born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. H. McCall(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Woodruff

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 1 1922

(28)

Local Registrar C. D. Hanna

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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