

MARGIN REMOVED FOR BINDING.
WHITE PLAINES. WHEN UNPAID IN FULL IN A REGISTRATION REQUIRED, AND MAKE THE
N. B.—In case of twins or triplets use a separate blank form for each child, and make the
margin removed for binding. No. 1, this form, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Cross Creek
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

32272

Registration District No. 7025

Registered No. 93
(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

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

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 400 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 9 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME William Louis
9) PRESENT POSTOFFICE OF FATHER Emery 10
10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 27
(Year) 12) BIRTHPLACE Spartanburg Co
13) OCCUPATION Farmer

MOTHER.

14) NAME BEFORE MARRIAGE Cora Montgomery
15) PRESENT POSTOFFICE OF MOTHER Emery 10
16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 27
(Year) 18) BIRTHPLACE Spartanburg Co
19) OCCUPATION Domestic

20) Number of children born to mother, including present birth 6

21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Hattie P. ...

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Emery 10

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 12 22

(28) C. J. Farmer
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.