

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or Inc. Town of

or City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8375

Registration District No. 3109Registered No. 22
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Feb 10 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Clarence Kyzer(9) PRESENT POSTOFFICE OF FATHER Livingston St(10) COLOR OR RACE White(12) BIRTHPLACE Lx Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Bessie Kistler(15) PRESENT POSTOFFICE OF MOTHER Livingston St(16) COLOR OR RACE White(18) BIRTHPLACE Lx Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Lx Co M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. A. Williams

(24) State, whether Physician or Midwife

(25) Address of Physician or Midwife Livingston St

Given name added from a supplemental report

(26) Witness

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

(27) Filed Apr 21 1922

(28)

Local Registrar C. E. Taylor

*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.

AL A CHAIN BEHINDS EVEN ONCE, IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF A before the fifth month of pregnancy.