Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg

Township of Campobello

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
32184

Registration District No. 40-C Registered No. 15-8
(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? [illegible]

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept 28, 1922 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Car Foleshee	(14) NAME BEFORE MARRIAGE	Nora Smith
(9) PRESENT POSTOFFICE OF FATHER	Mmansb R2	(15) PRESENT POSTOFFICE OF MOTHER	Mmansb R2
(10) COLOR OR RACE	lite	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years)	45
(12) BIRTHPLACE	Spty Co SC	(18) BIRTHPLACE	Spty Co SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	8	(21) Number of children of this mother now living, including present birth	8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 30 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Mmansb

Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed Sept 30 1922 (28) [illegible]
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.
BUREAU OF COLUMBIA: COLUMBIA S. C.