

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Cross Creek  
or  
Loc. Town of .....  
or City of Cross Creek R.F.D. #1 (No. .... St.; ..... Ward)  
(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

16727

Registration District No. 4003

Registered No. 36  
(For use of Local Registrar)

(2) Full Name of Child

2. BOY OR GIRL boy 3. Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes  
To be answered only in event of Twins or Triplets

(7) DATE OF BIRTH May - 4<sup>th</sup> 1922  
(Name (Month) (Day) (Year))

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

**FATHER.**

1. FULL NAME Henry Groby Landford  
2. PRESENT POSTOFFICE OF FATHER Cross Creek, S.C.  
10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
12. BIRTHPLACE Walnut Grove, Spartanburg Co., S.C.  
13. OCCUPATION Farmer

**MOTHER.**

14. NAME BEFORE MARRIAGE Mattie Mozelle Kuchab  
15. PRESENT POSTOFFICE OF MOTHER Cross Creek, Spartanburg Co., S.C.  
16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
18. BIRTHPLACE Hobbsville, Spartanburg Co., S.C.  
19. OCCUPATION at home  
21. Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:05 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. B. Patton

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Cross Creek, S.C.

Given name added from a supplemental report

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

(27) Filed May 11 1922 (28) C. D. Hammett 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.

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