

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or

Inc. Town of Arkwright

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

32107

Registration District No. 40--a Registered No. 400

(For use of Local Registrar)

(2) Full Name of Child Cha May Painter

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

3) -BOY OR GIRL

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Sept 8, 22

(Name Month) (Day) (Year)

FATHER.

8) FULL NAME

Purey A. Painter

9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

19 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Cotton mill operative

(14) Number of children born to mother, including present birth

(12) Two

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosie Flowers

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21 (Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

House

(20) Number of children of this mother now living, including present birth

(1) One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 4:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W W Boyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Spartanburg

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10-1-22(28) Jas. C. Jones 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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