

MARGIN RESERVED FOR BINDING.
 WHITE PLAIN: WITH EXPANDING EDGE—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS, use BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.
 State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Beech
 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

2464

Registration District No. 40.6

Registered No. 5
 (For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL girl
 (4) Twin or Triple? To be answered only in case of Twins or Triplets
 (5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan 18, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. Lovel

(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C. 23

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33
 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Catney Thomas

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C. 23

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
 (Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:45 P.M.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Geo E. Thomson M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anniston

Given name added from a supplemental report

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

(27) Filed Jan 18, 22 (28) Chapman 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.