

Fill in the blanks for each child, and mark the first-born. No. 1 THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Gill Creek
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
19201

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

City of..... (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 Isabella Mc Giff

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

3) BOY OR GIRL? Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 26 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Mark Mc Giff
9) PRESENT POSTOFFICE OF FATHER Spartanburg SC
10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21
12) BIRTHPLACE Spartanburg SC
13) OCCUPATION farmer
14) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Bessie Mc Wine
15) PRESENT POSTOFFICE OF MOTHER Spartanburg SC
16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 22
18) BIRTHPLACE Spartanburg SC
19) OCCUPATION farmer
20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah Crawford (24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg SC

Given name added from a supplemental report
.....
.....
..... 19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
6-30-22 (27) Filed 6-30-22 (28) H. H. H. H. 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.