

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the  
N B—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of Gaffney

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

Registration, District No. 10A

File No.—For State Registrar Only

37640

Registered No. 233  
(For use of Local Registrar)

(2) Full Name of Child Bennie F. Lloyd Westwoodland

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

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

FATHER. (8) FULL NAME James A. Westwoodland (14) NAME BEFORE MARRIAGE Letta Proctor  
(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C. (15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (12) BIRTHPLACE Gaffney S.C. (13) OCCUPATION Farmer  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (18) BIRTHPLACE Union Co.  
(19) OCCUPATION Housewife  
(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ray R. R. R. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife W.D.

Given name added from a supplemental report  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 10, 1922 (28) W. J. Smith 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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