

MARGIN RESERVED FOR BINDING. WITH PLACING, UNFOLDING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS, 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 Spartanburg
Township of Spartanburg
or
Inc. Town of
or
City of Spartanburg
(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
5813

Registration District No. 4008 Registered No. 23
(For use of Local Registrar)
(No. R1 St.; Ward)

(2) Full Name of Child
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Jan 17</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Clara Lawler</u>	(14) NAME BEFORE MARRIAGE <u>Edna Holt</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Cherokee S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg R1 S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Year)
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>none</u>	
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 24 M.,
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) W. H. Chapman
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Whitney S.C.

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

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

(27) Filed Jan 25 19 22 (28) C. F. Parker 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.

Before the fifth month of pregnancy
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.