

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Backspinners
 or
 Inc. Town of Fairforest
 or
 City of SC

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

40015

Registration District No. 400000 Registered No. 17429
 (For use of Local Registrar)
 (No. Arcadia St. SC Ward)

(2) Full Name of Child

John E. Wilbanks

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 June 29 1922
 (Same of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Wilbanks
 (9) PRESENT POSTOFFICE OF FATHER Fairforest SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Cherokee Co Ga
 (13) OCCUPATION Brick mason
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Palmer
 (15) PRESENT POSTOFFICE OF MOTHER Fairforest SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Campana North Ga
 (19) OCCUPATION House Keeping
 (21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 at 10 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. R. Norman M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

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

(27) Filed Dec 17 1922 (28) 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.

THIS FORM IS PREPARED FOR BIRTHS. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 N. H.—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.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.