

MARGIN RESERVED FOR BINDING.
WRITE IN PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 Spartanburg
Township of Spartanburg
or
Inc. Town of.....
or
City of Spartanburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
5810

Registration District No. 4008 Registered No. 20
(For use of Local Registrar)

(No. RFD 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 Dorothy Amanda Merritt (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? 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 14 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>S. Q. Merritt</u>	(14) NAME BEFORE MARRIAGE <u>Annie Robbs</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Spartanburg R. 2 S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg R. 2 S. C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)
(12) BIRTHPLACE <u>S. C.</u>	(18) BIRTHPLACE <u>S. C.</u>	(19) OCCUPATION <u>Cotton mill Operative</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)
W. H. Chapman

(23) (Signature) W. H. Chapman
(24) State whether Physician or Midwife Phys (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 1922 (28) E. 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.

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