

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of Greystone
 or
 City of

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

File No. For State Registrar Only
20233

Registration District No. 4008 Registered No. 160
 (For use of Local Registrar)

(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 Virginia Farkham

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 April 16, 22
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER.

8. FULL NAME G. F. Farkham
 9. PRESENT POSTOFFICE OF FATHER Greystone S.C.
 10. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)
 12. BIRTHPLACE S.C.
 13. OCCUPATION Cottonmill
 20. Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Maude Willis
 (15) PRESENT POSTOFFICE OF MOTHER Greystone S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(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

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

(27) Filed 7-1-22 (28) E. J. 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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