

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of 11

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

File No.—For State Registrar Only  
**31185**

Inc. Town of ..... Registration District No. 3109 Registered No. 102  
(For use of Local Registrar)  
City of ..... (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 ..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 26, 1922</u>
FATHER				MOTHER
(8) FULL NAME <u>William Risinger</u>				(14) NAME BEFORE MARRIAGE <u>Alice Shady</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Gilbert, S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Gilbert, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>44</u>	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Tex Co</u>	(13) OCCUPATION <u>Farming</u>	(17) AGE AT LAST BIRTHDAY <u>42</u>		
(18) BIRTHPLACE <u>Tex Co</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>12</u>		(21) Number of children of this mother now living, including present birth <u>10</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Williams  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lexington, 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 Oct. 9, 1922 (28) Mrs. C. E. Taylor 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.

Registrar

Local Registrar

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