

(1) PLACE OF BIRTH

County of SpartanburgTownship of William Springs

Loc. Town of _____

City of _____

(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

32279

Registration District No. 4-5-5 Registered No. 67

(For use of Local Registrar)

City of _____ (No. _____ St. _____ Ward _____)

2) Full Name of Child Willie Giles If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 1 1922

(To be answered only in event of Twins or Triplets)

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME M. Moore(9) PRESENT POSTOFFICE OF FATHER Union St. C.(10) COLOR OR RACE R (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Day labor(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Harris(15) PRESENT POSTOFFICE OF MOTHER Union St. C.(16) COLOR OR RACE R (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Dom.(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Born at alive 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Pettit

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidUnion St. C.

Given name added from a supplemental report

101....

Registrar

(26) Witness J. C. White

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

(27) Filled 191.... (25) Mrs. J. C. White Local Registrar.

this return.

*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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