

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32203

Registration District No. 4000 Registered No. 108
 (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

If child is not yet named, make supplemental report as directed

3. SEX OF CHILD Girl 4. Twin or Triplet? No 5. Number in order of birth 1st 6. Are Parents Married? Yes 7. DATE OF BIRTH Sept 7 1922
 (Month of Birth) (Day) (Year)

FATHER. MOTHER.

8. FULL NAME Hubert Lucas 14. NAME BEFORE MARRIAGE James Corson
 9. PRESENT POSTOFFICE OF FATHER Wrentham Rd 15. PRESENT POSTOFFICE OF MOTHER Same
 13. COLOR OR RACE Col 16. AGE AT LAST BIRTHDAY 16 17. AGE AT LAST BIRTHDAY 18
 (Years) (Years)

12. BIRTHPLACE SC 18. BIRTHPLACE SC
 19. OCCUPATION Domestic

20. Number of children born to mother, including present birth 1 21. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... at 5 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. O. Moore
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 25 is signed by a midwife)
J. O. Moore

(27) Filed 9/18 1922 (28) Local Registrar. J. O. Moore

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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