

## (1) PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32366

Registration District No. 4008 Registered No. 335  
 (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 Vera Yokum

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 15 22  
 (Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Andrew Yokum  
 (9) PRESENT POSTOFFICE OF FATHER Whitney S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29  
 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Cottonmill Operator  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Eulala Morgan  
 (15) PRESENT POSTOFFICE OF MOTHER Whitney S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27  
 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... 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 Sept 12 1922 (28) Mrs. 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.

Fifth month of pregnancy.

MARRIA make this return

MARRIAGE RECORDS FOR BIRTHING. WRITE PLAINLY. WITH UNFADING INK—WHEN IN A PERMANENT RECORD. MARK THE DATE OF BIRTH OR DEATH. IN CASE OF TWIN OR TRIPLET, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE MOTHER'S NAME, BIRTH, DEATH, AND MARRIAGE. NO. 1. THIS OFFICE, NO. 2, etc., in question 8.