(1) PLACE OF BIRTH

County of .....

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2433

Registration District No. 40-a Registered No. 18
(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) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
✓	To be answered only in event of Twins or Triplets		Yes	1 4 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Geo Towree	(14) NAME BEFORE MARRIAGE	Lillian M Davis
(9) PRESENT POSTOFFICE OF FATHER	Campobello (N) 1	(15) PRESENT POSTOFFICE OF MOTHER	Campobello (N) 1
(10) COLOR OR RACE	W	(16) COLOR OR RACE	W
(11) AGE AT LAST BIRTHDAY (Years)	39	(17) AGE AT LAST BIRTHDAY (Years)	31
(12) BIRTHPLACE	S. C.	(18) BIRTHPLACE	S. C.
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	6	(21) Number of children of this mother now living, including present birth	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 30 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A H Cudd
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed 2-1- 1922 Jas. Cofer
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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N. B.—In case of twins or triplets use a separate blank for each child, and mark the margin heavily "Bid Book Binding."

Write plainly, with indelible ink—then in a permanent record.

Print-Holm, No. 1. Type Styles, No. 2, etc., in question 3.

Mail at Columbia, Columbia, S. C.