

## (1) PLACE OF BIRTH

County of SpartanburgTownship of .....

or

Inc. Town of .....

or

City of ..... 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 Robert Myatt

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

(3) SEX OF CHILD Boy(4) Twin or Triplet .....(5) Number in order of birth .....  
To be answered only in event of Twins or Triplets(6) Are Parents Married Yes(7) DATE OF BIRTH June 7 1922

(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Will Myatt(9) PRESENT POSTOFFICE OF FATHER Wellford(10) AGE AT LAST BIRTHDAY 47 (Years)(11) BIRTHPLACE SC(12) OCCUPATION Domestic(13) Number of children born to mother, including present birth .....MOTHER  
(14) NAME BEFORE MARRIAGE Lanny Bruton(15) PRESENT POSTOFFICE OF MOTHER Dame(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE SC(19) \*OCCUPATION Domestic(20) Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Robert Myatt on the date above stated. (Born alive or stillborn) Alive (Born A. M. or P. M.) A. M.(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife [Address]Given name address from a supplemental report .....(26) Witness [Signature]

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

(27) Place ..... (28) [Signature] 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.