

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

(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
32148

Registration District No. 40-10 Registered No. 441
 (For use of Local Registrar)
 (No. 135 Clark St. 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 Giles (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9</u> <u>10</u> <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME W. W. Wolson
 (9) PRESENT POSTOFFICE OF FATHER City
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27
 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Meek
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Blanche Ross
 (15) PRESENT POSTOFFICE OF MOTHER City
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28
 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Housewife
 (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 nt. 8 M.,
 on the date above stated. (Born a live or stillborn) (Hour of M. or P. M.)
 (23) (Signature) W. Leonard
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
Robert Giles
 19 22
 Registrar

(26) Witness
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed 10-1- 19 22 (28) James Copas
 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.