

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or

Inc. Town of

or

City of Spetsburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16646

Registration District No. 40-aRegistered No. 236
(For use of Local Registrar)(No. 302)

St.; Ward)

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 4(6) Are Parents Married? yes

(7) DATE OF

BIRTH May 7, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Geo. Duncan

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg, S.C.

(10) COLOR OR RACE

N

(11) AGE AT LAST BIRTHDAY

(Years) 29

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

mill op

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Maud Roberts

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg, S.C.

(16) COLOR OR RACE

N

(17) AGE AT LAST BIRTHDAY

(Years) 26

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.klm at 7:45 A.M.
(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Spartanburg, 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

6-1-22

(28)

Jas. Copies
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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