

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 Spartanburg
Township of
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20093

Registration District No. 40-A

Registered No. 285
(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 Emma Sois

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 40 (6) Are Parents Married? yes (7) DATE OF BIRTH June 9, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Bub Sois
(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.
(10) COLOR OR RACE C. (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE East Spartanburg
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth Six

MOTHER.
(14) NAME BEFORE MARRIAGE Rosy Little John
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE East Spartanburg
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Midwife Anne Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Rebecca Anderson

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

(27) Filed June 19, 1922

(28) Local Registrar James C. Spivey

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.