

(1) PLACE OF BIRTH

County SpartanburgTownship of SpartanburgInc. Town of Spartanburg(City of Spartanburg)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. 520 for State Registrar OnlyRegistration District No. 40-2 Registered No. 80

(For use of Local Registrar)

(No. 647 St. Cons. 2 Ward)

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

(2) Full Name of Child Thelma M. Lee Ray If child is not yet named, make supplemental report as directed

(2) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1936</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Robert Hall(9) PRESENT POSTOFFICE OF FATHER Charlotte N.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Year)(12) BIRTHPLACE Union S.C.(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Maurice Ray(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 16 (Year)(18) BIRTHPLACE Union S.C.(19) OCCUPATION Washing(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife R. S. Upchurch(24) State whether Physician or Midwife (25) Address of Physician or Midwife Home No. 10

Given name added from a supplemental report

(26) Witness James H. Lee (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 2-1-1936 (28) James H. Lee Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is required of stillborn before the fifth month of pregnancy.