

(1) PLACE OF BIRTH

County of

Spartanburg S.C.

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16627

Registration District No. 40-A

Registered No. 217

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Plummer Pearl Briggs 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

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH May 5, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Loat Briggs

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

(Years) 29

(12) BIRTHPLACE

Common Labor

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Oshrest

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

(Years) 28

(18) BIRTHPLACE

Higdon and St. 12th

(19) OCCUPATION

Cook

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

11

(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 Born at Spartanburg S.C., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Anner Linzy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

L. A. Riser, M.D.

5.12.6.144, 19 Registrar

(26) Witness

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

(27) Filed

6-1-22

(28)

Jas. Cofes 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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