

(1) PLACE OF BIRTH

County of *Spartanburg*  
Township of *Spartanburg*  
or  
Inc. Town of  
or  
City of *Spartanburg*  
(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

19280

Registration District No. *4008* Registered No. *184*  
(For use of Local Registrar)

(2) Full Name of Child

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 Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *June 28, 23*  
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME *Cliver Bobo*  
9 PRESENT POSTOFFICE OF FATHER *Spartanburg R2 SC*  
10 COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *23*  
(Years)  
12 BIRTHPLACE *SC*

13 OCCUPATION *Farmer*

Number of children born to mother, including present birth

*1*

MOTHER.

14 NAME BEFORE MARRIAGE *Laura Hardy*  
15 PRESENT POSTOFFICE OF MOTHER *Spartanburg R2 SC*  
16 COLOR OR RACE *col* (17) AGE AT LAST BIRTHDAY *19*  
(Years)  
18 BIRTHPLACE *SC*

19 OCCUPATION *Housewife*

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

*1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

23) I hereby certify that I attended the birth of this child, who was *alive* at *9 a.* M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
*W. H. Chapman*  
*W. H. Chapman*

Area some added from a supplemental report

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

(27) Filed *July 9, 1923* (28) *Mrs. C. F. Parker* 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