

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Spartanburg

Inc. Town of .....

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

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

(No. R 2 St.; ..... Ward)

## (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, 1923  
 (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 Lemon 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

(20) 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.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

W. H. Chapman  
Physician Walling SC

Give name 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