

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

File No. for State Registrar Only
22514

County of Spartanburg
 Township of Spartanburg
 In Town of Spartanburg Registration District No. 40-2 Registered No. 320
 (For use of Local Registrar)
 City of Spartanburg (No. London ave St.) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Full Name of Child Robert Edward Riddle If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD Boy (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH July 18 1923
 (6) NAME BEFORE MARRIAGE Bertie Douglas (7) AGE AT LAST BIRTHDAY 28
 (8) FULL NAME J. W. Riddle (9) PRESENT POSTOFFICE OF FATHER London ave Spartanburg SC (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (12) BIRTHPLACE SC (13) NAME BEFORE MARRIAGE Bertie Douglas (14) PRESENT POSTOFFICE OF MOTHER London ave Spartanburg SC (15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 28
 (17) BIRTHPLACE Fla. (18) OCCUPATION Housewife
 (19) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) W. H. Chapman (23) Address of Physician or Midwife Physio White SC
 (24) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 8-1-1923 (28) Jas. Cooper (Special Registrar)

When there was no attending physician or midwife, then the father, household, etc., should make this return. If 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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