

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Union Hill*

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32255

Registration District No. *4002B* Registered No. *76*
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child *Edna Lynett Spraupe* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *yes*

(7) DATE OF

BIRTH *Sept. 2, 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Spraupe*(9) PRESENT POSTOFFICE OF FATHER *Spartanburg S.C.*(10) COLOR OR RACE *W.*(11) AGE AT LAST BIRTHDAY *30*

(Years)

(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Teacher*

MOTHER.

(14) NAME BEFORE MARRIAGE *Eva Spraupe*(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg S.C.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *21*

(Years)

(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *1*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Bernadine* at *10* M.
on the date above stated. (Born alive or stillborn) (Hour P., M. or P. M.)(23) (Signature) *Mary Mann*(24) State whether Physician or Midwife *midwife*(25) Address of Physician or Midwife *Spartanburg S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Sept. 2, 1922*

(28)

W. H. Painter
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.