

N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA, Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 42943	
County of <u>Spartanburg</u>		Registration District No. <u>4008</u>		Registered No. <u>347</u>	
Township of <u>Brush Springs</u>				(For use of Local Registrar)	
Inc. Town of _____				(For use of Local Registrar)	
City of _____				(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child, <u>Harry A. Dume</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1 17 23</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Arthur A. Dume</u>			(14) NAME BEFORE MARRIAGE <u>Olivia Dume</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>N.C.</u>		
(13) OCCUPATION <u> Clerk</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>42 30</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>W. R. Ransom</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Spartanburg S.C.</u>					
(Given name added from a supplemental report) _____			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____		
_____ Registrar			(27) Filed <u>1-1-1924</u> (28) <u>Mrs. E. J. Parker</u> 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.

**When there was no attending physician or midwife, then the mother, 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.