CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32340

(1) PLACE OF BIRTH

County of Spartanburg

Township of 11 or

Inc. Town of ..... or

City of ..... Registration District No. 4008. Registered No. 340

(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 .....

If child is not yet named, make supplemental report as directed

(3) BOY OR ~~GIRL~~ Yes | (4) ~~Twin or Triplet?~~ No | (5) Number in order of birth 1st | (6) Are Parents Married? yes | (7) DATE OF BIRTH Sept. 7 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Coffee

(9) PRESENT POSTOFFICE OF FATHER Glendale S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Ga.

(13) OCCUPATION Mill Operative

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nelly Clark

(15) PRESENT POSTOFFICE OF MOTHER Glendale S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE N. C.

(19) OCCUPATION Housewife

(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 born alive at 8 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Wiseman M.D.

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

Given name added from a supplemental report .....

.....

Sept. 7 1922 Registrar

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

(27) Filed Sept. 26 1922 (28) Mrs. E. 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.

FIFTH MONTH OF PREGNANCY.

NOTICE—TO PARENTS, NURSES AND OTHERS. Within five days after birth of child, the parents, or in their absence the nurse, or other person present at birth, must report the same to the Local Registrar of the district in which birth occurred. Penalty for neglect, $5.00. (Sec. 4, Public Health Act, No. 5, 1915, as to question 6.)

Manner of disposition, Specimen, etc.