

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cherokee
 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

30190

Registration District No. 40029 Registered No. 111
 (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 Broadus Lee Spangler (If not yet named, make supplemental report as directed)

(3) SEX OR GENDER Male (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 11, 1923
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME Robert Spangler
 (9) PRESENT POSTOFFICE OF FATHER Cherokee RFD 2
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE N.C.

MOTHER

(14) NAME BEFORE MARRIAGE Janie Harn
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee RFD 2
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE N.C.

(13) OCCUPATION Cotton Mill

(19) OCCUPATION Housekeeping
 (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 Male at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. M. [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherokee

Given name added to a supplemental report

W. B. W.

2/24/42 19

Registrar

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

(27) Filed 10/10/23 (28) J. B. [Signature] 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.