

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Franklinor Inc. Town of Spartanburgor City of Spartanburg

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

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

30062

Registration District No. 40-2Registered No. 410  
(For use of Local Registrar)St. 1st Ward(2) Full Name of Child IMMIGRANT If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>1</u>	(4) Twin or Triplet? <u>or</u>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>3 sept 23</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME William(9) PRESENT POSTOFFICE OF FATHER Franklin(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Year)(12) BIRTHPLACE Franklin(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Paula(15) PRESENT POSTOFFICE OF MOTHER Spartanburg(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 42 (Year)(18) BIRTHPLACE Spartanburg(19) OCCUPATION farmer(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 or stillborn (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) William (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 1324

(26) Given name added from a supplemental report

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

(27) Filed 10-1-23 (28) James Cooper 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.