

(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

16711

County of SpartanburgTownship of Cherokee

or

Inc. Town of

or

City of

Registration District No. 4 DoraRegistered No. 64
(For use of Local Registrar)(2) Full Name of Child Eddie V Padgett If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 4, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marvin Padgett(9) PRESENT POSTOFFICE OF FATHER Cherokee S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Henderson(15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. Head(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hamlet 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 6/1/22 (28) J. Block 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.