

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Spartanburg*

or

Inc. Town of *Spartanburg*

or

City of *Spartanburg*

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

(2) Full Name of Child *Alzo S. Sexton*(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

FATHER

(8) FULL NAME *Math Sexton*(9) PRESENT POSTOFFICE OF FATHER *Spartanburg*(10) COLOR OR RACE *Colord* (11) AGE AT LAST BIRTHDAY *36*(12) BIRTHPLACE *Lawrence S.C.*(13) OCCUPATION *Wircman*(20) Number of children born to mother, including present birth *4*

File No. — For State Registrar Only

2449

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *40-a*Registered No. *38*

(For use of Local Registrar)

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

MOTHER

(14) NAME BEFORE MARRIAGE *Maggie Braz*(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg*(16) COLOR OR RACE *Colord* (17) AGE AT LAST BIRTHDAY *30*(18) BIRTHPLACE *Lawrence S.C.*(19) OCCUPATION *Landdress*(21) Number of children of this mother now living, including present birth *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born 22 June at 10 A.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Midwife* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *123 Cemetery St.*

Given name added from a supplemental report

(26) Witness

(27) Filed *2-1-22* (28) *Gas Copes*

When there was no attending physician or midwife, then the father, household, 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.