

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		20081	
Township of <u>Spartanburg</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>40-A</u>		Registered No. <u>273</u>	
or				(For use of Local Registrar)	
City of <u>11</u>		(No. <u>165</u>)		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 <u>Charltona Fiddler</u>				(If child is not yet named, make supplemental report as directed)	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9.2</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Alfred Fiddler</u>			(14) NAME BEFORE MARRIAGE <u>Mrs. William Fiddler</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>		
(10) COLOR OR RACE <u>Caucasian</u>			(11) AGE AT LAST BIRTHDAY <u>26</u>		
(12) BIRTHPLACE <u>Spartanburg, S.C.</u>			(17) AGE AT LAST BIRTHDAY <u>26</u>		
(13) OCCUPATION <u>Commercial</u>			(18) BIRTHPLACE <u>Spartanburg</u>		
(20) Number of children born to mother, including present birth <u>1.3</u>			(21) Number of children of this mother now living, including present birth <u>1.3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Midwife Robert Wilson</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness		
			(Signature of Witness necessary only when question 22 is signed by mark)		
			(27) Filed <u>7-1-22</u> (28) <u>Jas. Copes</u> Local Registrar		

*When there was no physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must not be reported as stillborn. No report is required of stillborns before the fifth month of pregnancy.