

(1) PLACE OF BIRTH

County of
Township of
City of Spartanburg

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

File No. - For State Registrar Only
19068

Registration District No. 40-a Registered No. 249
(For use of Local Registrar)

St. No. 112 Lumber Court St.; 1 Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ruth Adelle Landon If child is not yet named, make supplemental report as directed

(3) SEX Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 4 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jul E. Landon
(9) PRESENT POSTOFFICE OF FATHER Spartanburg SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50
(12) BIRTHPLACE S.C.
(13) OCCUPATION Gasoline dealer
(14) Number of children born to mother, including present birth 1 son

MOTHER.
(14) NAME BEFORE MARRIAGE Louise Jennie Hallman
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
(18) BIRTHPLACE Ga
(19) OCCUPATION House
(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 at 10 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg SC

Given name filed from a supplemental report
L. A. Piser M.D.
2.16.144 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 7-1-23 Jas. 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.
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