

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 X. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of
 Inc. Town of
 City of Spartanburg, S.C. (No. W. Main St.; 5 Ward)
 (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

No. 10.—For State Registrar Only
 26151

Registration District No. 40-A

Registered No. 389
 (For use of Local Registrar)

(2) Full Name of Child

King If child is not yet named, make supplemental report as directed
 (1) SEX Boy (2) Type One (3) Number in order of birth One (4) Age Yrs (5) DATE OF BIRTH Dec 10 1923
 (If born in a hospital or other institution, give name of same instead of street and number.)

FATHER
 (6) FULL NAME F. R. King
 (7) PRESENT RESIDENCE OF FATHER Spartanburg, S.C.
 (8) COLOR White (9) AGE AT LAST BIRTHDAY 34
 (10) BIRTHPLACE Baltimore, Md.
 (11) OCCUPATION Clerk
 (12) Number of children born to mother, including present birth 2

MOTHER
 (13) NAME BEFORE MARRIAGE Moabee White
 (14) PRESENT RESIDENCE OF MOTHER Spartanburg, S.C.
 (15) COLOR White (16) AGE AT LAST BIRTHDAY 19
 (17) BIRTHPLACE Charlotte, N.C.
 (18) OCCUPATION House Keeper
 (19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 39 M., on the date above stated. (Mark all over stillborn) (Mark A. M. or P. M.)

(21) (Signature) Dr. C. M. Howell
 (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Spartanburg 177 Forest St.

Given name added from a supplemental report

(24) Witnesses (Signature of Witnesses necessary only when question 23 is signed by mark)
 (25) Filed 9-1-23 (26) Gas Coker 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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