

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
50522

Inc. Town of Registration District No. 4008 Registered No. 441
(For use of Local Registrar)
City of (No. 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 Ray Lee Millwood } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH: Feb. 6
to be reported only in case of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wallace Wright
(9) PRESENT POSTOFFICE OF FATHER cant tell
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY Don't know (Years)
(12) BIRTHPLACE Dan. S. Kraus
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Bessie Millwood
(15) PRESENT POSTOFFICE OF MOTHER White Stone S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE White Stone
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 4 (Hour A. M. or P. M.)
on the date above stated. (Born alive or stillborn)

(23) (Signature) A.M. Allen Spartanburg S.C.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) St. 14 191..... (28) C. J. Parker
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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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 5.
McCaw of Columbia