

(1) PLACE OF BIRTH

County of Spartanburg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50522

Township of Spartanburg

OR

Inc. Town of

OR

City of

Registration District No. 4008Registered No. 441
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St. _____ Ward _____(2) Full Name of Child Ray Lee Millwood

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets.</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 6</u> <small>(Name of Month) (Day) (Year)</small>
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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 4 at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. M. Allen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(27) St. 14 (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.

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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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw of Columbia