

(1) PLACE OF BIRTH

County of Spartanburg
 Township of
 Inc. Town of Spartanburg
 City of Spartanburg

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

No. for State Registrar
30071

Registration District No. 40-a Registered No. 419
 (For use of Local Registrar)

(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 Emily Pearl Belcher If child is not yet named, make supplemental report as directed

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

FATHER.
 (8) FULL NAME Joe E Belcher
 (9) PRESENT POSTOFFICE OF FATHER Duman S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Minnie Cantrell
 (15) PRESENT POSTOFFICE OF MOTHER Duman S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.) 9-4 M.
 on the date above stated.

(23) (Signature) O. L. Leonard
 (24) State whether Physician (25) Address of Physician or Midwife Spartanburg S.C.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. A. C. C. C.
 (27) Filed 10-1-23 (28) Local Registrar J. A. C. C. C.

*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.