

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Spartanburgor  
City of Converse(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 James E. Baggett If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Male (4) Type or Triplet 1 (5) Number in order of birth 5 (6) Age 40 (7) DATE OF BIRTH Sept 24, 23  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME Chas Baggett  
(9) PRESENT POSTOFFICE OF FATHER Lawrence SC  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth ThreeMOTHER.  
(14) NAME BEFORE MARRIAGE Irene McKelvey  
(15) PRESENT POSTOFFICE OF MOTHER Converse SC  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION St W  
(20) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Male at 4:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Arthur E. C. Brown, M.D.  
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Converse S.C.

When name added from a supplemental report

James E. Baggett  
Sept 25, 1923  
Registrar

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Oct 15, 1923 (27) Mrs. G. T. H. H. H. 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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