

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Town of Clifton, S.C.
 or
 City of _____ (No. _____ St. _____ Ward _____)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37756

X

Registration District No. 4008 Registered No. 389

(For use of Local Registrar)

(2) Full Name of Child

Frank

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

(3) SEX OR CHILD Boy (4) Type or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov 8 1923
 To be covered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Andy Frank
 (9) PRESENT POSTOFFICE OF FATHER Clifton SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38 (Year)
 (12) BIRTHPLACE N.C.

MOTHER.
 (14) NAME BEFORE MARRIAGE Lonie McBrow
 (15) PRESENT POSTOFFICE OF MOTHER Clifton SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35 (Year)
 (18) BIRTHPLACE N.C.

(13) OCCUPATION Teacher
 (20) Number of children born to mother, including present birth five

(19) OCCUPATION H.rr.
 (21) Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was BOY 112A at 10:30 P on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Arthur E. Cannon, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Converse, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec. 5 1923(28) Mrs. C. F. Turkes

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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