

(1) PLACE OF BIRTH

County of SpartanburgTownship of Unionor
Inc. Town ofor
City of Spartanburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4062

Registration District No. 1906Registered No. 6

(For use of Local Registrar)

St. Union Ward(2) Full Name of Child Benjamin Boyette

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

Nov 12 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Benjamin Boyette

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY Birth
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 19 22
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.....at.....M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Benjamin Boyette is her father

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Benjamin 19 2219
Registrar

(26) Witness

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

(27) Filed

2/15/22(28) L. E. Watson
Local RegistrarWhen 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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REMARKS: THIS CERTIFICATE IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, AND A COPY OF THE SAME IS TO BE SENT TO THE LOCAL REGISTRAR. IN CASE OF A STILLBORN CHILD, THE LOCAL REGISTRAR IS TO BE NOTIFIED BY THE PHYSICIAN OR MIDWIFE, OR THE FATHER, HOUSEHOLDER, ETC., BEFORE THE FIFTH MONTH OF PREGNANCY.