

(1) PLACE OF BIRTH

County of  Spartanburg   
Township of  Pacolet   
or  
Inc. Town of .....

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

File No. - For State Registrar Only  
**37705**

Registration District No. 4006

Registered No. 156  
(For use of Local Registrar)

City of ..... (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 Edith Francis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Type of Birth To be answered only in case of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH 11-25-23  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>H. C. Lancaster</u>	(14) NAME BEFORE MARRIAGE <u>Mary Hamnett</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Trough S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Trough S.C.</u>
(10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>29</u> (Year)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Wood Worker</u>	(19) OCCUPATION <u>Housewife</u>	(20) Number of children born to mother, including present birth <u>11</u>	(21) Number of children of the mother now living, including present birth <u>11</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (born alive or stillborn) (hour) (M. P. M.)

(23) (Signature) W. S. Kirkpatrick  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife M. S. Pacolet S.C.

(26) Whose (Signature of Witness necessary only when question 23 is signed by mark) .....  
(27) Filed Dec. 13, 1923 (28) H. W. Brown 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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