

(1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of Fort mill

or  
City of .....

(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

Registration District No. 4406

No. 38093

Registered No. 89  
(For use of Local Registrar)

(2) Full Name of Child James Spratt

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

(3) SEX OF CHILD Boy

(4) Twin or Triplet  
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH Nov. 14, 1923  
(Name of Month) (Day) (Year)

**FATHER**

(8) FULL NAME Salomon Spratt

(9) PRESENT POSTOFFICE OF FATHER Fort mill S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29 (Year)

(12) BIRTHPLACE Fort mill S.C.

(13) OCCUPATION Cotton mill

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

**MOTHER**

(15) NAME BEFORE MARRIAGE Ludie Smith

(16) PRESENT POSTOFFICE OF MOTHER Fort mill S.C.

(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 18 (Year)

(19) BIRTHPLACE Charlotte S.C.

(20) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was ..... at 3 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose Harris  
(24) State whether Physician or Midwife (25) Address of Physn: or Midwife

(Given name added from a supplemental report

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

(27) Filed 11-23-23 (28) Rose Harris  
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.