

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. - For State Registrar Only

County of Spartanburg
Township of W. Grove
or Inc. Town of
or City of

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

19275
Registered No. 116
(For use of Local Registrar)

Registration District No. 4010 (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 not name

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

3 BOY OR GIRL girl (4) Twin or Triplet no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 11 23
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Arthur Roland
9 PRESENT POSTOFFICE OF FATHER more SE R 2
10 COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38
(Year)
12 BIRTHPLACE SC
13 OCCUPATION farmer
20 Number of children born to mother, including present birth 4

MOTHER.

14 NAME BEFORE MARRIAGE Lizzie Wheeler
15 PRESENT POSTOFFICE OF MOTHER more SE R 2
16 COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26
(Year)
18 BIRTHPLACE SC
19 OCCUPATION house domestic
21 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. McLean
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rockwell St

Given name added from a supplemental report

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

(27) Filed July 16 1927 (28) J. J. McLean 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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