

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Brook
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19275

Registration District No. 4010Registered No. 16
(For use of Local Registrar)

(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

2. BOY OR GIRL Girl (4) Twin or Triplet ✓ (5) Number in order of birth ✓ (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 13 (11) AGE AT LAST BIRTHDAY 38
 (Year)
 12. BIRTHPLACE SE
 13. OCCUPATION Farming
 20. Number of children born to mother, including present birth 14

MOTHER.

14. NAME BEFORE MARRIAGE Lizzie Wheeler
 15. PRESENT POSTOFFICE OF MOTHER More SE R 2
 16. COLOR OR RACE 13 (17) AGE AT LAST BIRTHDAY 26
 (Year)
 18. BIRTHPLACE SE
 19. OCCUPATION House & Domestic
 21. Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. J. McCinnis(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 19 27(28) J. J. McCinnis 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.