

(3) PLACE OF BIRTH

County of **Spartanburg**

Township of

or Inc. Town of

or **Spartanburg**

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. **40-a** Registered No. **267**

(For use of Local Registrar)

302 Pine

(No. St.; Ward)

(2) Full Name of Child **Frederic Blanton Oates Jr.** If child is not yet named, make supplemental report as directed

| | | | | |
|--------------------------------|---|---------------------------------|--|--|
| (1) SEX OR CHILD Boy | (4) Twin or Triplet To be answered only in event of Twin or Triplet | (3) Number in order of birth | (5) Are Parents Married Yes | (7) DATE OF BIRTH June 28th 1923 (Name of Month) (Day) (Year) |
|--------------------------------|---|---------------------------------|--|--|

FATHER.

(8) FULL NAME **Frederic Blanton Oates Jr.**(9) PRESENT POSTOFFICE OF FATHER **Asheville N. C.**(10) COLOR OR RACE **White** (11) AGE / LAST BIRTHDAY **32**
(Years)(12) BIRTHPLACE **Shelby N. C.**(13) OCCUPATION **Road Builder & Contractor**(20) Number of children born to mother, including present birth **TWO**

MOTHER.

(14) NAME BEFORE MARRIAGE **Kate Lois Montgomery**(15) PRESENT POSTOFFICE OF MOTHER **Asheville N. C.**(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **27**
(Years)(18) BIRTHPLACE **Spartanburg S. C.**(19) OCCUPATION **Housewife**(21) Number of children of this mother now living, including present birth **TWO**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **alive** at **7 AM** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. R. Blake M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Spartanburg S.C.*

Given name added from a supplemental report

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

(27) Filed **7-1-23** Local Registrar *Jas. Coker*

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.

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.