

(1) PLACE OF BIRTH

County of

Spartanburg

Township of

or

Inc. Town of

or

City of

Spartanburg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32149

Registration District No.

40-6

Registered No.

444

(For use of Local Registrar)

(2) Full Name of Child

Woodrow Calvin Massey

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

one

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept. 18, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Brason Massey

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

20

(12) BIRTHPLACE

Spartanburg S.C.

(13) OCCUPATION

*Farmer
cotton mill operative*

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha Rollins

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

18

(18) BIRTHPLACE

Greenville S.C.

(19) OCCUPATION

house wife

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

one

(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 *born alive* at *.....* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

H. E. McDowell

(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

10-1-22

(28)

Jas. Cohen

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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.

McGraw