

(1) PLACE OF BIRTH

County of Spartanburg

Township of

OF

Inc. Town of

OF

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

30035

Registration District No. 3203Registered No. 5-2

(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 Edwin B. Werts

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

(3) SEX OR
GENDER(4) Twin
or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children born to
mother, including present birth(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-
tal report)

(26) Witness

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

(27) Filed

Oct 9

1927

(28)

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.