

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Pacolet
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37717 X

Registration District No. 408 Registered No. 139
 (For use of Local Registrar)

City of (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 Joe Lee Wells If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 11-28-23
 To be answered only in event of Twin or Triplet (Month of Month) (Day) (Year)

FATHER. (8) FULL NAME Joe Wells (14) NAME BEFORE MARRIAGE Emma Lawson
 (9) PRESENT POSTOFFICE OF FATHER Trough S.C. (15) PRESENT POSTOFFICE OF MOTHER Trough S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.
 (13) OCCUPATION Millwork (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 1 (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 49 M., on the date above stated. (Born blind or stillborn? (Hour M. or P. M.)

(23) (Signature) M. D. Kemp

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec. 13, 23 (28) M. W. Brown 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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