

NAME OF BIRTH

Spartanburg

County of *Spartanburg*

Town of *Spartanburg*

City of *Spartanburg*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *Blayton L. Varner*

3 SEX ON *Male*

4 Twin or Triplet *No*

5 Number in order of birth *1*

6 Are Parents Married? *Yes*

7 DATE OF BIRTH *March 21 1923*

8 FATHER'S FULL NAME *Blayton L. Varner*

9 FATHER'S PRESENT POSTOFFICE *Spartanburg*

10 FATHER'S COLOR OR RACE *White*

11 FATHER'S AGE AT LAST BIRTHDAY *31*

12 FATHER'S BIRTHPLACE *S.C.*

13 FATHER'S OCCUPATION *Cotton Mill Operator*

14 MOTHER'S NAME BEFORE MARRIAGE *Lula Brumby*

15 MOTHER'S PRESENT POSTOFFICE *Spartanburg*

16 MOTHER'S COLOR OR RACE *White*

17 MOTHER'S AGE AT LAST BIRTHDAY *31*

18 MOTHER'S BIRTHPLACE *S.C.*

19 MOTHER'S OCCUPATION *Home*

20 Number of children born to mother, including present birth *1*

21 Number of children of this mother now living, including present birth *1*

22 I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated.

(23) (Signature) *M. B. [Signature]*

(24) State whether Physician or Midwife *Physician*

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *Mrs. E. F. Parker*

(27) Filed *May 11 1923*

(28) Local Registrar *Mrs. E. F. Parker*

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.

Secure the fifth month of pregnancy.

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Secure the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Division of Vital Statistics

State Board of Health

Registration District No. *4008*

(No. *2*) *Varner*

City of *Varner*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *Blayton L. Varner*

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13 FATHER'S OCCUPATION *Cotton Mill Operator*

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File No.—For State Registrar Only

15946

Registered No. *106*

(For use of Local Registrar)

City of *Varner*

Ward

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

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