

# CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**74217**

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of Beech Springs  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

Registration District No. 4100A Registered No. 125  
(For use of Local Registrar)  
(No. \_\_\_\_\_ of \_\_\_\_\_ (Street and number))  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Arthur D. Durham (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married?  (7) DATE OF BIRTH July 26 1946 (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Morris Durham  
(9) PRESENT POSTOFFICE OF FATHER Greer SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Section hand in Cotton Mill  
(14) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Mary Green  
(15) PRESENT POSTOFFICE OF MOTHER Greer SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Madison Co NC  
(19) OCCUPATION Domestic  
(20) 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 born alive (Born alive or stillborn) on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician

Given name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_  
Registrar \_\_\_\_\_

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]  
(27) File No. 74217 (28) Local Registrar [Signature]

When there was no attending physician or midwife, when the father, householder, etc., should make this return, if a child breathes even once, it must not be reported as stillborn. No report desired or stillbirths before the fifth month of pregnancy.  
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