

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 3.
 Section 3. Section 4.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Bushy Spruce
 or
 Inc. Town of
 or
 (City of (No. St.; Ward)

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

File No.—For State Registrar Only
8515

Registration District No. 40 C. Registered No. 27
 (For use of Local Registrar)

(2) Full Name of Child James Rufus Pack (If child is not yet named, make supplemental report as directed)

(3) boy (4) Twin or Triplet 1 (5) Number in order of birth 1
 To be covered only in case of Twin or Triplet
FATHER.
 (6) Grayson G. Pack
 (7) Imman S.C.
 (8) white (9) 25
 (10) N.C.
 (11) Farmer
 (12) 1

(13) yes (14) Rose Lee
MOTHER.
 (15) Rose Lee Popper
 (16) Imman S.C.
 (17) white (18) 21
 (19) S.C.
 (20) House work
 (21) 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) R. Thompson
 (24) Physician (25) Imman S.C.

(26) L. A. Piser M.D.
 2.16.44 19...
 Registrar

(27) W. H. W. (28) W. H. W.
 (Signature of Witness necessary only when question 23 is signed by father)
 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.

(29) W. H. W. (30) W. H. W.
 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.