

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.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Rush Springs
 or
 Inc. Town of
 or
 City of

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)

(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 James Rufus Pack If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>boy</u>	4) Twin or Triplet <u>1</u> To be answered only in case of Twin or Triplet	5) Number in order of birth <u>1</u>	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>Feb 12</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Grady Pack</u>			14) NAME BEFORE MARRIAGE <u>Rose Lee Roper</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Inman SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Inman SC</u>	
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
12) BIRTHPLACE <u>NC</u>		18) BIRTHPLACE <u>SC</u>		
13) OCCUPATION <u>Farmer</u>		19) OCCUPATION <u>House work</u>		
20) Number of children born to mother, including present birth <u>1</u>		21) Number of children of this mother now living, including present birth <u>1</u>		

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) (Signature) R. Thompson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Inman SC

Given name of child from a supplemental report
L. A. Piser M.D.
21.16.144 19
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
Ed Capers
 (27) Filed Feb 20 1923 (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.

19 Registrar (29) Filed Feb 20 1923 (30) Local Registrar
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