

(1) PLACE OF BIRTH

County of Spartanburg Township of " Inc. Town of " City of "

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40-2 Registered No. 500

(For use of Local Registrar)

(No. 284 Fresh Ward)(2) Full Name of Child Dr. H. Wilson

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

(3) SEX OR
GIRL gub (4) Type
or Infant(5) Number in
order of birth 2 (6) Is
born(7) DATE OF
BIRTH Oct 27, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Roy Wilson (9) PRESENT
RESIDENCE
OF FATHER Spartanburg, S.C. (10) COLOR
OR
RACE W (11) AGE AT
BIRTH 26 (12) BIRTHPLACE N.C. (13) OCCUPATION Fireman R.R. (14) Number of children born to
mother, including present birth 2

MOTHER.

(14) NAME PERSON
MARRIED Mrs. Sawyer (15) PRESENT
RESIDENCE
OF MOTHER Spartanburg, S.C. (16) COLOR
OR
RACE W (17) AGE AT
BIRTH 19 (18) BIRTHPLACE S.C. (19) OCCUPATION House-wife (20) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was 40
on the date above stated. (Sign name or initials) (Hour A. M. or P. M.)(22) (Signature) J. H. Van

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Spartanburg, S.C. (25) Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 25 is signed by mark)(27) Filed 12-1-22 (28) Jas. Coker
Registrar Local RegistrarWhen 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.