

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

File No.—For State Registrar Only

33048

Registration District No. 3/07

Registered No. 76
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

6

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Sept 22, 1907

FATHER.

(8) FULL NAME

Mr. Norman

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

Spartanburg Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Miss B. B. B. B.

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg Co.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

22

(18) BIRTHPLACE

Spartanburg Co.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

6

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

19

(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.

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