

(1) PLACE OF BIRTH

County of SpartanburgTownship of 11or
Inc. Town of 7or
City of 4

(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. 4008Registered No. 241

(For use of Local Registrar)

(No. 131)Drayton(St.) 4 Ward 4(2) Full Name of Child Amey Petty

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

(3) SEX
GIRL(4) Age
or Infant(5) Number in
order of birth 6(6) Age
in years 4:00(7) Date of
birthSept 3

FATHER.

(8) FULL
NAMERoyce H. Petty(9) PRESENT
POSTOFFICE
OF FATHERSpartanburg S.C.(10) COLOR
OR
RACEW(11) AGE AT LAST
BIRTHDAY 35

(Years)

(12) BIRTHPLACE

Spartanburg S.C.

(13) OCCUPATION

Carpenter(14) Number of children born to
mother, including present birth6

MOTHER.

(15) NAME BEFORE
MARRIAGEPearl Scott(16) PRESENT
POSTOFFICE
OF MOTHERSpartanburg S.C.(17) COLOR
OR
RACEW(18) AGE AT LAST
BIRTHDAY 31

(Years)

(19) BIRTHPLACE

Spartanburg S.C.

(20) OCCUPATION

at home(21) Number of children of this mother
now living, including present birth6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was...
on the date above stated.Born alive

(Born alive or stillborn)

3:30 P. M.

(Time of day, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Name added from a supplement
report

(27) Witness

(Signature of Witness necessary only
when question 28 is signed by mark)(28) Filed Sept. 13(29) Mrs. C. F. Parker

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.