

(1) PLACE OF BIRTH

County of Spartanburg
 Township of 11
 or
 Inc. Town of
 or
 City of 11

CERTIFICATE OF BIRTH

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

No. 37538
 Registered No. 537
 (For use of Local Registrar)

Registration District No. 40-Ad (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 Maurice Lee Petty (If child is not yet named, make supplemental report as directed)

(3) SEX OR GENDER yes (4) Type of Twins yes (5) Number in order of birth 1 (6) DATE OF BIRTH 2-22-29
 To be answered only in case of Twins or Triplets (Home of Month) (Day) (Year)

FATHER. MOTHER.
 (8) FULL NAME Lath Petty (10) NAME BEFORE MARRIAGE Effie Rogers
 (9) PRESENT RESIDENCE OF FATHER Spartanburg S.C. (11) PRESENT RESIDENCE OF MOTHER Spartanburg S.C.
 (12) COLOR W (13) AGE AT LAST BIRTHDAY 27 (14) COLOR white (15) AGE AT LAST BIRTHDAY 29
 (16) BIRTHPLACE S.C. (17) BIRTHPLACE S.C.
 (18) OCCUPATION Farmer (19) OCCUPATION House W R
 (20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... born ... at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. ... (24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report

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

(27) Filed 12-12-29 (28) Jas. ... 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 required of stillbirths before the fifth month of pregnancy.

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