

CERTIFICATE OF BIRTH

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

File No. - For State Register Only

22512

County of Spartanburg
City of Spartanburg
Registration District No. 40-a Registering No. 318
(For use of Local Registrar)
In Town of Spartanburg (No. 57 Churchfield St.) (Ward)
City of Spartanburg (No. 57 Churchfield St.) (Ward)
(If born occurs in a hospital or other institution, give name of same instead of street and number.)
Full Name of Child Ernest Lee Hummel If child is not yet named, make supplemental report as directed

1. SEX OF CHILD <u>Boy</u>	2. (a) Twin or Triplet? <u>No</u> To be marked only in case of twins or triplets	3. (b) Number in order of birth <u>1</u>	4. (c) Are Parents Married? <u>Yes</u>	5. (d) DATE OF BIRTH <u>July 29 1923</u> (Month of Birth) (Day) (Year)
FATHER			MOTHER	
6. FULL NAME <u>H. J. Hummel</u>			7. (a) NAME BEFORE MARRIAGE <u>None</u>	
8. PRESENT POSTOFFICE OF FATHER <u>57 Churchfield St. Spartanburg S.C.</u>			7. (b) PRESENT POSTOFFICE OF MOTHER <u>57 Churchfield St. Spartanburg S.C.</u>	
9. COLOR OR RACE <u>White</u>			7. (c) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
10. BIRTHPLACE <u>NC</u>			7. (d) BIRTHPLACE <u>NC</u>	
11. OCCUPATION <u>Cotton mill Operator</u>			7. (e) OCCUPATION <u>Housewife</u>	
12. Number of children born to mother, including present birth <u>2</u>			7. (f) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. S. Chapman
(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Whitney St.

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 8-1-23 (28) Jas. Cooper

Registrar

When there was no attending physician or midwife, then the father, household, etc., should make this return. If 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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