

## (1) PLACE OF BIRTH

County of **Spartanburg...**Township of **11**or  
Inc. Town of **R.F.D.**

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. **4.008** Registered No. **95**

(For use of Local Registrar)

(No. **R.F.D.** ..... St. .... Ward)

## (2) Full Name of Child

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

(3) SEX OR CHILD <b>Boy</b>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <b>Yes.</b>	(7) DATE OF BIRTH <b>4.2.14.23</b>
To be answered only in event of Twin or Triplet			(Name of Month) (Day) (Year)	

## FATHER.

(8) FULL  
NAME **Will Fuller**(9) PRESENT  
POSTOFFICE  
OF FATHER **R.F.D.**(10) COLOR  
OR  
RACE **Col.** (11) AGE AT LAST  
BIRTHDAY **30**  
(Years)(12) BIRTHPLACE  
**S.C.**(13) OCCUPATION  
**Farmer**(14) Number of children born to  
mother, including present birth **7**

## MOTHER.

(14) NAME BEFORE  
MARRIAGE **Sam. Holcombe**(15) PRESENT  
POSTOFFICE  
OF MOTHER **R.F.D.**(16) COLOR  
OR  
RACE **Col.** (17) AGE AT LAST  
BIRTHDAY **26**  
(Years)(18) BIRTHPLACE  
**S.C.**(19) OCCUPATION  
**Housewife**(21) Number of children of this mother  
now living, including present birth **7**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **6.P.** M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **O.W. Leonard**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-  
al report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Apr 24 1923 (28) **E. F. Parker**  
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.