

(1) PLACE OF BIRTH

County of ..Spartanburg...
 Township of ...Beech Springs
 or
 Inc. Town of.....
 or
 City of

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

File No.—For State Registrar Only
30139

Registration District No. 400009 Registered No. 101
 (For use of Local Registrar)

(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 William Lewis Wofford, Jr. (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 15, 1923
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME William Lewis Wofford, Sr.

9) PRESENT POSTOFFICE OF FATHER Greer, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (Year)

(12) BIRTHPLACE Spartanburg County

(13) OCCUPATION Textile worker

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Elizabeth Wofford

(15) PRESENT POSTOFFICE OF MOTHER Same

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (Year)

(18) BIRTHPLACE Greenville County, S.C.

(19) OCCUPATION Housewife

(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 alive at 9:35 A. M. on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) H. B. Brackman

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Greer, S.C.

Given name added from a supplemental report

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

(27) FULL W. C. 15-23 Local Registrar

When there was no attending physician or midwife, then the father, household, 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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