

PLACE OF BIRTH

County of Spartanburg
Township of 1
or
City of 1

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Use

19095

Registration District No. 40-a Registered No. 276
(For use of Local Registrar)(No. P. Centennial St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(1) Full Name of Child Ruth Lailor (If child is not yet named, make supplemental report as directed)(2) SEX girl (3) Type Tw (4) Number in order of birth 1 (5) Age year (6) DATE June 2, 1923
To be reported only in event of Twins or TripletsFATHER
(7) NAME John Lailor
(8) PRESENT RESIDENCE OF FATHER Spartanburg
(9) COLOR Col (10) AGE AT LAST BIRTHDAY 26
(11) RACE Col (12) BIRTHPLACE Laurens S.C.
(13) OCCUPATION Laborer
(14) Number of children born to mother, including present birth 6MOTHER
(15) NAME BEFORE MARRIAGE Lida Moore
(16) PRESENT RESIDENCE OF MOTHER Spartanburg
(17) COLOR Col (18) AGE AT LAST BIRTHDAY 27
(19) RACE Col (20) BIRTHPLACE Spartanburg S.C.
(21) OCCUPATION Housewife
(22) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child who was born alive (Hour A. M. or P. M.)
on the date above stated.(24) (Signature) Lida Moore (25) Address of Physician or Midwife Spartanburg S.C.
(26) State, whether Physician or Midwife Midwife

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(28) Filed 7-1-23 (29) Local Registrar Jas. Cooper

When there was no attending physician or midwife, then the father, householder, or other person should make this return. If a child breathes even once, it must not be reported as stillborn. No reproduction of this certificate after the fifth month of pregnancy.