

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19227

Registration District No. 4-10Registered No. 33
(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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June - 27, 1923
 (Time of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Lewis
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg SC RS
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29 (Year)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lenora Garrett
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg SC RS
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Year)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was At. M. at 4 P. M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(22) (Signature) F. Williams

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Rockwell SC

Given name added from a supplemental report

(25) Witness

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

(27) Filed July 12, 1923

(28)

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 desired of stillbirths before the fifth month of pregnancy.

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