

## (1) PLACE OF BIRTH

County of Spartanburg

Township of .....

or  
Inc. Town of .....City of Spartanburg

(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. 40File No.—For State Registrar Only  
**30072**Registered No. 420  
(For file of Local Registrar)

## (2) Full Name of Child

3) BOY OR GIRL Boy 4) Type of Birth Normal 5) Number in order of birth 2  
To be answered only in event of Twin or Triplet

6) Are Parents Married Yes

7) DATE OF BIRTH 9/1/23  
(Name of Month) (Day) (Year)

## MOTHER.

## FATHER.

8) FULL NAME Nowell Lewis9) PRESENT POSTOFFICE OF FATHER Spartanburg10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 38 (Years)12) BIRTHPLACE Spartanburg Co13) OCCUPATION Truck Driver20) Number of children born to mother, including present birth 114) NAME BEFORE MARRIAGE Mattie Patterson15) PRESENT POSTOFFICE OF MOTHER Spartanburg16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 31 (Years)18) BIRTHPLACE Spartanburg Co19) OCCUPATION Domestic21) 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 12:50 PM,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, or other person who first discovered the child must report as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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