

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Providence
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

30362

Registration District No. 41.05 Registered No. 76
 (For use of Local Registrar)

City of (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 Jolissie Mack If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married No (7) DATE OF BIRTH Sept 22, 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Charlie Pembert
 (9) PRESENT POSTOFFICE OF FATHER Borden S.C.
 (10) COLOR OR RACE Coin (11) AGE AT LAST BIRTHDAY 25
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Furniture
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Fleta Mack
 (15) PRESENT POSTOFFICE OF MOTHER Borden S.C.
 (16) COLOR OR RACE Coin (17) AGE AT LAST BIRTHDAY 20
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION at home
 (21) Number of children of this mother now living, including present birth 1

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) Lillie Grant
 (24) State whether Physician or Midwife midwife (25) Address of Phys. or Midwife Darrell St.

Given name added from a supplemental report

(26) Witness Mrs. Eva Burkette
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 29, 23 (28) J. B. Raffield 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.