

(1) PLACE OF BIRTH

County of SpartanburgTownship of Spartanburgor
Town of Converse

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4008

No. 1a.—For State Registrar Only

37755Registered No. 840
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Branch

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

(a) SEX OF CHILD Girl (b) Type or Triplet 1 (c) Number in order of birth 4 (d) Age Person Married Yes (e) DATE OF BIRTH Nov 15 23
(Name of Month) (Day) (Year)FATHER
(a) FULL NAME James Branch
(b) PRESENT POSTOFFICE OF FATHER Converse S.C.
(c) COLOR OR RACE W (d) AGE AT LAST BIRTHDAY 35
(e) BIRTHPLACE N. C.
(f) OCCUPATION Farmer
(g) Number of children born to mother, including present birth FourMOTHER
(a) NAME BEFORE MARRIAGE 3 The Byers
(b) PRESENT POSTOFFICE OF MOTHER Converse S.C.
(c) COLOR OR RACE W (d) AGE AT LAST BIRTHDAY 20
(e) BIRTHPLACE N. C.
(f) OCCUPATION Domestic
(g) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 1870 20 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) ARTHUR L. G. BROWN, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianConverse S.C.

Give name added from a supplemental report

(26) Witness

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

(27) Filed Dec 5 192311/15/23

(28)

11/15/23
Local RegistrarWhen 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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