

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

22530

Registration District No. 40-6Registered No. 85
 (For use of Local Registrar)(No. 2 St.; 2 Ward)

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

(2) Full Name of Child Franklin Lee Arnold

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

3. BOY OR GIRL girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH July 1, 1923
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Ben Arnold
 9. PRESENT POSTOFFICE OF FATHER inman SC
 10. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Year)
 12. BIRTHPLACE inman SC
 13. OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Fish
 (15) PRESENT POSTOFFICE OF MOTHER inman SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Year)
 (18) BIRTHPLACE inman SC
 (19) OCCUPATION

20. Number of children born to mother, including present birth

15

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M., on the date above stated. Mary & Ben (Born alive or stillborn. (Hour, M. or P. M.))

(23) (Signature) Mary & Ben

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

inman SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 1, 1923

(28)

Local Registrar.

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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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