

ON PAGE OF BIRTH

CERTIFICATE OF BIRTH

County of Spartanburg
 Township of Spartanburg

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

File No.—for State Register Only

37781

City of Spartanburg Registration District No. 4008 Registered No. 321
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Mark West Lechman If child is not yet named, make supplemental report as directed

1) SEX OF CHILD Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 27
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Lechman (9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41
 (Years)(12) BIRTHPLACE (13) OCCUPATION Commercial Operator (14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Ursula Floyd (15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
 (Years)(18) BIRTHPLACE (19) OCCUPATION (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 Male (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(22) (Signature) Dr. H. H. Lechman (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Give name added from a supplemental report

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Registrar

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

(26) Filed 11/27/20 (27) Mrs. E. F. Parker
 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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