

(1) PLACE OF BIRTH

County of SpartanburgTownship of Cherokee

or

Inc. Town of

or

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 Frank Putty

File No.—For State Registrar Only

20194

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 442BRegistered No. 184
(For use of Local Registrar)(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

June 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Danield Putty(9) PRESENT POSTOFFICE OF FATHER St. A 3(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY

25
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Alta Deary(15) PRESENT POSTOFFICE OF MOTHER St. A 3 SC(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY

25
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... Born alive ... at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Ezell M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife St. A 3 SC R 2

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 1922

(28)

W. W. Painter
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.