

(1) PLACE OF BIRTH

County of **Spartanburg**

Township of

or
Inc. Town ofor
City of **Spartanburg**

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. **40-2**(No. **100 N. Walker**No. for this register
22506Registered No. **312**
(For use of Local Registrar)(2) Full Name of Child **Marshall Eugene Huskey**

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

(3) SEX OR
CHILD **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 **Yes**(7) DATE OF
BIRTH **July 13th, 23**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Thomas Vernon Huskey**(9) PRESENT POSTOFFICE OF FATHER **Spartanburg S. C.**(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **21**
(Years)(12) BIRTHPLACE **Cherokee County S.C.**(13) OCCUPATION
Barber(14) Number of children born to mother, including present birth **Three**

MOTHER.

(14) NAME BEFORE MARRIAGE **Lola Gertrude Fawcett**(15) PRESENT POSTOFFICE OF MOTHER **Spartanburg S. C.**(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **23**
(Years)(18) BIRTHPLACE **Bamberg County S.C.**(19) OCCUPATION
Housewife(20) Number of children of this mother now living, including present birth **Three**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was **alive** at **10:30** A.M.
on the date above stated. (Born alive or stillborn) (Hour MIN. or P. M.)(22) (Signature) **E. J. Blake M.D.**

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Spartanburg S.C.

(Given name added from a supplemental report)

(25) Witness

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

(26) Filed **8-1-23****Jan. Coker**
Local Registrar.19
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.

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.