

(1) PLACE OF BIRTH

County of **SPARTANBURG**Township of **11**Inc. Town of **Spartanburg**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 HealthRegistration District No. **4008**

Inman R.F.D. # 4

No. **37775**Registered No. **300**
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be entered only in event of Twin or Triplet

(5) Number in order of birth

(6) Sex

No.

(7) DATE OF BIRTH

11.10.23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Jessie Mae Knuckles

(15) PRESENT POSTOFFICE OF MOTHER

Inman # 4

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

15

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Servant

(20) Number of children born to mother, including present birth

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **8 P.M.** on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

A.D. Oudd M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(27) Witness

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

(28) Signed

Mrs. L. C. Barker

(29) 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.