

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

5180

County of *Spokane*Township of *Spokane*

OF

Inc. Town of *Spokane*

OF

City of *Spokane*

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *40-0*Registered No. *56*

(For use of Local Registrar)

City of *Spokane*

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

(2) Full Name of Child

Josephine Grace

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

1

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Feb. 2, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Letha Augustus Grace

(9) PRESENT POSTOFFICE OF FATHER

Weyford, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33

(Year)

(12) BIRTHPLACE

Weyford, S.C.

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Mrs. Dugg

(15) PRESENT POSTOFFICE OF MOTHER

Weyford, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(Year)

(18) BIRTHPLACE

Calhoun, S.C.

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive* at *3:30 P.M.* on the date above stated. (Born alive or otherwise) (Hour, Day, or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

O. C. Bennett, M.D.

(24) Address of Physician or Midwife

*Spokane, S.C.*Given name *from a supplemental report**M. B. H. — M.D.**6/5/43*

(25) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed

3-1-23(27) *Jan. Cohen*

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.