

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Basile  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3770C

Registration District No. 4006 Registered No. 150  
 (For use of Local Registrar)

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

(2) Full Name of Child PRO. Samuel L. If child is not yet named, make supplemental report as directed

|   |  |                              |  |  |
|---|--|------------------------------|--|--|
| (1) BOY OR GIRL<br><u>Boy</u>   | (2) Twin or Triplet<br>To be answered only in event of Twin or Triplet | (3) Number in order of birth | (4) Are Parents Married<br><u>yes</u>  | (5) DATE OF BIRTH<br><u>11-28-23</u><br>(Name of Month) (Day) (Year) |
| FATHER.   |  |                              | MOTHER.  |  |
| (6) FULL NAME<br><u>Alvin Alvey</u>   |  |                              | (14) NAME BEFORE MARRIAGE<br><u>Ethel Nomack</u>                                       |  |
| (7) PRESENT POSTOFFICE OF FATHER<br><u>Thorough S.C.</u>                    |  |                              | (15) PRESENT POSTOFFICE OF MOTHER<br><u>Thorough S.C.</u>                              |  |
| (8) COLOR OR RACE<br><u>White</u>   |  |                              | (16) COLOR OR RACE<br><u>White</u>   |  |
| (9) AGE AT LAST BIRTHDAY<br><u>34</u><br>(Year)                             |  |                              | (17) AGE AT LAST BIRTHDAY<br><u>23</u><br>(Year)                                       |  |
| (10) BIRTHPLACE<br><u>S.C.</u>  |  |                              | (18) BIRTHPLACE<br><u>S.C.</u>   |  |
| (11) OCCUPATION<br><u>Millwork</u>  |  |                              | (19) OCCUPATION<br><u>Housewife</u>  |  |
| (20) Number of children born to mother, including present birth<br><u>1</u> |  |                              | (21) Number of children of this mother now living, including present birth<br><u>1</u> |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M., on the date above stated. born alive or stillborn (House M. P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of the Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec. 13, 1923 (28) M. W. Brown 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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