

## (1) PLACE OF BIRTH

County of *Spartanburg*Township of *W. Brown*

Inc. Town of .....

City of .....

(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

File No.—For State Registrar Only

37791

Registration District No. *4010*Registered No. *68*

(For use of Local Registrar)

(2) Full Name of Child *Ray James* If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <i>Boy</i>	(4) Type of Triplet <i>1st</i>	(5) Number in order of birth <i>1</i>	(6) Age of Parents <i>20</i>	(7) DATE OF BIRTH <i>Nov 8 1943</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <i>Paul S. H.</i>	(14) NAME BEFORE MARRIAGE <i>Dena Woodruff</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Moore SC</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Rock SC</i>
(10) COLOR OR RACE <i>B</i>	(11) AGE AT LAST BIRTHDAY <i>26</i> (Year)	(16) COLOR OR RACE <i>B</i>	(17) AGE AT LAST BIRTHDAY <i>20</i> (Year)
(12) BIRTHPLACE <i>SC</i>	(13) OCCUPATION <i>farmer</i>	(18) BIRTHPLACE <i>SC</i>	(19) OCCUPATION <i>Domestic</i>
(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>2</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

(27) Filed *Nov 20 1943* (28) *J. H. Hallett* 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.