

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....

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* Registered No. *259*

(For use of Local Registrar)

## (2) Full Name of Child

*Peter A. Harakas*

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

(3) SEX OF CHILD

*Boy*

(4) Twin or Triplet

*No*

(5) Number in order of birth

*1*

(6) Are parents married

*Yes*

(7) DATE OF BIRTH

*June 27, 23*

(Month of Month) (Day) (Year)

## FATHER

(8) FULL NAME

*A. P. Harakas*

(9) PRESENT POSTOFFICE OF FATHER

*301 W. Trade St. Charlotte N.C.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*36*

(Years)

(12) BIRTHPLACE

*Greece*

(13) OCCUPATION

*Prop. Restaurant*

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

*First*

## MOTHER

(14) NAME BEFORE MARRIAGE

*Georgia Maudonia*

(15) PRESENT POSTOFFICE OF MOTHER

*Charlotte N.C.*

(16) COLOR OR RACE

*W.*

(17) AGE AT LAST BIRTHDAY

*25*

(Years)

(18) BIRTHPLACE

*Greece*

(19) OCCUPATION

*House wife*

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

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was on the date above stated.

*born alive* at *12 PM* (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

*153 E. Main St. Spartanburg S.C.*

Give name added from a supplemental report

*S. H. Miller (M.)**April 9*

(25) Witness

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

*Witness**1-23**Local Registrar**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.

Registrar

Local Registrar

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