

(1) PLACE OF BIRTH

County of *Spartanburg*
 Township of *Spartanburg*
 or
 Inc. Town of
 or
 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

File No.—For State Registrar Only

8473

Registration District No. *40-2* Registered No. *17*
 (For use of Local Registrar)

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

3. BOY OR GIRL *Girl*
 4. Twin or Triplet?
 5. Number in order of birth
 To be answered only in event of Twin or Triplet

6. Are Parents Married? *Yes*

7. DATE OF BIRTH *Feb 26 23*
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME *Henry Belue*
 9. PRESENT POSTOFFICE OF FATHER *Chesnee SC*
 10. COLOR OR RACE *white* 11. AGE AT LAST BIRTHDAY *22*
 12. BIRTHPLACE *SC*
 13. OCCUPATION *Farmer*

MOTHER.

14. NAME BEFORE MARRIAGE *Ollie Hall*
 15. PRESENT POSTOFFICE OF MOTHER *Spartanburg station SC*
 16. COLOR OR RACE *white* 17. AGE AT LAST BIRTHDAY *22*
 18. BIRTHPLACE *SC*
 19. OCCUPATION *Domestic*
 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 *live* at *P* M.,
 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

Given name added from a supplemental report

(26) Witness

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

(27) Filed *4 1 19 23*(28) *Joe C. H. v* Legal 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.