

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of .....  
 of  
 Town of Archibald  
 or  
 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

Note.—For State Register Only

859.1

Registration District No. 4.9.28.

Registered No. .... 2  
 (For use of Local Registrar)

(No. 9.7. Liberty, ..... St., ..... Ward)

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

(2) Full Name of Child Jeanita West

1) SEX  
 GIRL

2) FATHER  
 or Father

3) Mother is  
 name of mother

4) Father  
 or Father

5) Mother

## FATHER.

6) FULL NAME Frances West

7) PRESENT  
 RESIDENCE  
 OF FATHER Hartshury S.C.

8) COLOR  
 OR  
 RACE White 9) AGE AT BIRTH 26  
(Years)

10) BIRTHPLACE S.C.

## MOTHER.

11) FULL NAME Joyce Farley

12) PRESENT  
 RESIDENCE  
 OF MOTHER Hartshury S.C.

13) COLOR  
 OR  
 RACE White 14) AGE AT BIRTH 26  
(Years)

15) BIRTHPLACE S.C.

## MOTHER.

16) OCCUPATION House

17) Number of children born to  
 mother, including present birth Two (2)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(20) (Signature) J. W. Boyd

(21) State whether Physician or Midwife

(22) Address of Physician or Midwife

Hartshury S.C.

\*Given name added from a supplemen-  
 tal report

(23) Witness

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

(24) Date Apr. 5, 1923

(25) Address of Physician or Midwife

Hartshury S.C.

Local Registrar.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 If a child breathed 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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