

(1) PLACE OF BIRTH

County of Spartanburg
Township of Campbell

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30162

Registration District No. 4-001-6 Registered No. 71
(For use of Local Registrar)City of No. (if birth occurs in a hospital or other institution, give name of same instead of street and number.)2 Full Name of Child Thelma Slaggs If child is not yet named, make supplemental report as directedSex of Child Girl (4) Twin or triplet? No (5) Number in order of birth 2nd (6) Are Parents Married? Yes (7) DATE OF BIRTH July 3 1923
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME John L. Slaggs(2) PRESENT POSTOFFICE OF FATHER Campbell S.C. #3(3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 3 (Years)(4) BIRTHPLACE S.C.(5) OCCUPATION Farmer(6) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Howell(15) PRESENT POSTOFFICE OF MOTHER Campbell S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 3 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive as 9:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. B. M. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Campbell S.C.

Name added from a supplemental report

(26) Witness

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

(27) Filed 9/28/23

(28)

C. S. Mayberry 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.

FIFTY SEVEN W. P. 1923