

## (1) PLACE OF BIRTH

County of SPARTANBURGTownship of 11or  
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

Registration District No. 4008

R.F.D.

File No.—For State Registry Card

37774 XRegistered No. 304

(For use of Local Registrar)

(2) Full Name of Child Norma S. Samhect (If child is not yet named, make supplemental report as directed)(3) SEX OR CHILD Girl (4) Type or Triplet No (5) Number in order of birth 1 (6) Is child named Yes (7) DATE 11.8.23 BIRTH (Name of Month) (Day) (Year)(8) FATHER. (9) FULL NAME Jas. Lamhect (10) NAME BEFORE MARRIAGE Moxie Quiller(11) PRESENT RESIDENCE OF FATHER R.F.D. 3 (12) PRESENT RESIDENCE OF MOTHER R.F.D. 3(13) COLOR OR RACE Wh. (14) AGE AT LAST BIRTHDAY 29 (15) COLOR OR RACE Wh. (16) AGE AT LAST BIRTHDAY 24(17) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.(19) OCCUPATION Farmer (20) OCCUPATION Housewife(21) Number of children born to mother, including present birth 3 (22) Number of children of this mother now living, including present birth 1CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (23) I hereby certify that I attended the birth of this child, who was Alive 7.30 A. (24) on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) O. W. Leonard M.D. (26) State whether Physician or Midwife (27) Address of Physician or Midwife

Given name added from a supplemental report

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

(29) Filed 11.12.23 (30) M. G. Parker 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.