

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Rock
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

2525

Registration District No. H. D. D. 6 Registered No. 12
 (For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Loran Lee M. M. M. M. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1-22-22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Mr. T. M. M. M.</u>	(14) NAME BEFORE MARRIAGE <u>Octavia Green</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Trough, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Trough, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Millwork</u>	(18) BIRTHPLACE <u>N.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:29 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) M. L. K. K. K. K.
 (24) State whether: Physician or Midwife Midwife (25) Address of Physician or Midwife Rock, S.C.

Given name added from a supplement M. B. M. M. M. M.
6/3/43
 (26) Witness M. B. M. M. M. M. (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 2-1 is 22 (28) M. W. Brown 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.

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WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

IN CASE OF DEATH OF CHILD, IN QUESTION 6, FATHER'S NAME, NO. 1, FULL OTHER, NO. 2, ETC., IN QUESTION 6

State of South Carolina, Columbia, S. C.

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