

(1) PLACE OF BIRTH

County of Spartanburg

Township of

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.)

(2) Full Name of Child Ellen Mable Alverson

No. 36360

36360

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40-ARegistered No. 454
(For use of Local Registrar)(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Oct 11 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Burpe Foster Alverson(9) PRESENT POSTOFFICE OF FATHER Spartanburg, SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE SC(13) OCCUPATION electrician(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nella Bays Brian(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27
(Year)(18) BIRTHPLACE SC(19) OCCUPATION housewife(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 Born alive at 7 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Shenden M.D.

(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 23 is signed by mark)

(27) Filed 11-1-22 (28) Jas. C. Jones
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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