(1) PLACE OF BIRTH

County of Spartanburg

Township of Pacolet Springs

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

File No.—For State Registrar Only
12033

Registration District No. 4011 B Registered No. 16
(For use of Local Registrar)

(2) Full Name of Child J. C. Hadden Jr.

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth 3rd

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 25 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. R. Hadden

(9) PRESENT POSTOFFICE OF FATHER Arcadia

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Textile mill worker

(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Carlisle

(15) PRESENT POSTOFFICE OF MOTHER Arcadia

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6.30 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) D. T. Houghton M. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Arcadia, S. C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed April 1 1923 (28) D. B. Moore
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.

Registrar

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.