

12/14/23

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

33924

Registration District No. 4008

Registered No. 267
(For use of Local Registrar)

(No. 21)

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

Full Name of Child

(1) Sex Male	(2) Type or Triplet To be answered only in case of Twins or Triplets	(3) Number in order of birth	(4) Are Caucasian Negro 200	(5) DATE OF BIRTH July 15 1923 (Month of birth) (Day) (Year)
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FATHER.

(14) NAME BEFORE MARRIAGE Don't know

(15) PRESENT RESIDENCE OF FATHER Don't know

(16) COLOR OR RACE Don't know

(17) AGE AT LAST BIRTHDAY Don't know

(18) BIRTHPLACE Don't know

(19) OCCUPATION Don't know

MOTHER.

(14) NAME BEFORE MARRIAGE Delvia Whelton

(15) PRESENT RESIDENCE OF MOTHER Spartanburg R. S. C.

(16) COLOR OR RACE col

(17) AGE AT LAST BIRTHDAY Don't know

(18) BIRTHPLACE S. C.

(19) OCCUPATION Day laborer

(20) 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 on the date above stated.

(21) (Signature) Lizzie Rice

(22) State whether Physician or Midwife midwife

(23) Address of Physician or Midwife Spartanburg R. S. C.

(24) Witness

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

(25) Filed Oct 1st 1923

(26) Local Registrar Mrs. G. F. Parker

When no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.