

CERTIFICATE OF BIRTH

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

FILE - For State Registrar
18501

County of Spartanburg
 City of Anderson

Registration District No. 1409 Registered No. 68
 (For use of Local Registrar)

Ward of Anderson (No. 37 P. P. Ave. St. No. 68 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child S. D. Padgett, Jr. (If child is not yet named, make supplemental report as directed)

(1) SEX Male (2) Type or Figure To be reported only in event of Twins or Triplets (3) Number in order of birth 2 (4) Age at birth 2 yrs (5) DATE OF BIRTH Feb. 7, 1923
 (Name of Month) (Day) (Year)

FATHER.
 (6) FULL NAME S. D. Padgett
 (7) PRESENT RESIDENCE OF FATHER Anderson S. C.
 (8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 25 (Year)
 (10) BIRTHPLACE Gaffney S. C.
 (11) OCCUPATION Cotton Buyer
 (12) Number of children born to father, including present birth 2

MOTHER.
 (13) NAME BEFORE MARRIAGE Myrtle Jones
 (14) PRESENT RESIDENCE OF MOTHER Anderson
 (15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 20 (Year)
 (17) BIRTHPLACE Anderson S. C.
 (18) OCCUPATION Housewife
 (19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (20) 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.)

(21) (Signature) Reddick A. Clavin
 (22) State South Carolina (23) Address of Physician or Midwife Anderson

Given name added from a supplemental report
 (24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (25) Date Jan 9, 1923 Local Registrar S. D. Padgett

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.