

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

No. 8466

County of Spartanburg
Township of
or Town of
City of

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

Registration District No. 40-A Registered No. 90
(For use of Local Registrar)
(No. 43 Branch)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

Form with fields for FATHER and MOTHER: (8) SEX, (9) TWIN or TRIPLE, (10) FULL NAME, (11) AGE AT LAST BIRTHDAY, (12) BIRTHPLACE, (13) OCCUPATION, (14) MARRIAGE, (15) PRESENT POSTOFFICE OF MOTHER, (16) COLOR OR RACE, (17) AGE AT LAST BIRTHDAY, (18) BIRTHPLACE, (19) OCCUPATION, (20) Number of children born to mother, (21) Number of children of this mother now living.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... at... on the date above stated.
(23) (Signature)
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
(26) Witness
(27) Filed 4-1-33
(28) 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

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Vertical text on the right edge of the page, including 'Filed', 'Searched', 'Indexed', 'Microfilm', and 'P. M.'.