

MARGIN RESERVED FOR BINDING.  
WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the  
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 6.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of .....  
or  
Inc. Town of .....  
or  
City of Spartanburg

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

File No.—For State Registrar Only

32071

Registration District No. 40-A Registered No. 366  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Mahmy

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

3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 5 1 22  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Ben Mahmy  
9) PRESENT POSTOFFICE OF FATHER Spartanburg  
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 3 1/3  
12) BIRTHPLACE S.C.  
13) OCCUPATION mill operator  
20) Number of children born to mother, including present birth 1 6

MOTHER.

14) NAME BEFORE MARRIAGE Lula Boyce  
15) PRESENT POSTOFFICE OF MOTHER Spartanburg  
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 3 1/2  
18) BIRTHPLACE S.C.  
19) OCCUPATION Housewife  
21) Number of children of this mother now living, including present birth 1 6 th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born ..... nt. b. i. 3 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. S. Sander (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 10-1-22 (28) Jas. Cooper 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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