

## (1) PLACE OF BIRTH

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

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

No. for State Registrar Only  
**42921**

Registration District No. 4007 Registered No. 68  
 (For use of Local Registrar)

(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

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

3 SEX OF  
 CHILD

4 Twin  
 or Triplet?

5 Number in  
 order of birth

6 Are  
 Parents  
 Married?

7 DATE OF  
 BIRTH

(Name of Month) (Day) (Year)

## FATHER.

8 FULL  
 NAME

9 PRESENT  
 POSTOFFICE  
 OF FATHER

10 COLOR  
 OR  
 RACE

11 AGE AT LAST  
 BIRTHDAY

(Years)

12 BIRTHPLACE

13 OCCUPATION

14 Number of children born to  
 mother, including present birth

## MOTHER.

15 NAME BEFORE  
 MARRIAGE

16 PRESENT  
 POSTOFFICE  
 OF MOTHER

17 COLOR  
 OR  
 RACE

18 AGE AT LAST  
 BIRTHDAY

(Years)

19 BIRTHPLACE

20 OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
 al report

(26) Witness

(Signature of Witness or other person  
 when question 23 is signed by date)

(27) Filed Jan 18 1924 at St. Paul

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

Filed

Registrar