

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Spartanburg*

or Inc. Town of

or City of *Converse SC*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28000

Registration District No. *4008* Registered No. *2357*
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

1) BOY OR GIRL *Girl* 4) Twin or Triplet? *1* 5) Number in order of birth *1* 6) Are Parents Married? *yes* 7) DATE OF BIRTH *June 10, 22*
To be answered only in event of Twins or Triplets

FATHER.

8) FULL NAME *George West*9) PRESENT POSTOFFICE OF FATHER *Converse SC*10) COLOR OR RACE *W* 11) AGE AT LAST BIRTHDAY *22*
(Years)12) BIRTHPLACE *So Car.*13) OCCUPATION *Textile*20) Number of children born to mother, including present birth *one*

MOTHER.

14) NAME BEFORE MARRIAGE *Margaret Brown*15) PRESENT POSTOFFICE OF MOTHER *Converse SC*16) COLOR OR RACE *W* 17) AGE AT LAST BIRTHDAY *18*
(Years)18) BIRTHPLACE *So Car.*19) OCCUPATION *House work*21) Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive 10 PM*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Arthur E. Cannon*(24) State whether Physician or Midwife *11* (25) Address of Physician or Midwife *Converse SC*

Given name added from a supplemental report

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

(27) Filed *Aug 12, 22* (28) *Mrs. C. F. Parker*
Local RegistrarWhen 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.