

(1) PLACE OF BIRTH

County of SpartanburgTownship of ReecheInc. Town of CouperCity of Couper

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

(2) Full Name of Child Jessie Lorraine Petty(3) SEX OF CHILD Boy(4) Twin or Triplet X(5) Number in order of birth X(6) Are Parents Married Yes(7) DATE OF BIRTH 9/25

(Name of Month) (Day) (Year)

(8) COLOR OR RACE white(9) BIRTHPLACE Couper(10) OCCUPATION mill work(11) Number of children born to mother, including present birth 2(12) NAME BEFORE MARRIAGE Adda Phanton(13) PRESENT POSTOFFICE OF MOTHER Couper(14) COLOR OR RACE white(15) BIRTHPLACE Spartanburg, SC(16) OCCUPATION house wife(17) Number of children of this mother now living, including present birth 2(18) I hereby certify that I attended the birth of this child, who was Born at 6:30 M. on the date above stated. (born alive or stillborn) (Hour or P. M.)(19) (Signature) Chas. L. Sims(20) State whether Physician or Midwife Midwife(21) Address of Physician or Midwife Couper, SC

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

(23) Filled Oct 7/26 (24) Local Registrar M. W. Brown

(25) 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

79302

4806

145

Registration District No.

Registered No.

(For use of Local Registrar)

(No. of Street and Ward)

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

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

(To be answered only in event of Twins or Triplets)

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