

(1) PLACE OF BIRTH

County of Spartanburg
Township of "
or
In. Town of "
or
City of "
(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
19248

Registration District No. 4008. Registered No. 160
(For use of Local Registrar)

(2) Full Name of Child

(No. Spartanburg St.; Ward)
Franklin Edward
If child is not yet named, make supplemental report as directed

(3) SEX OR SEXES male (4) Twin or Triplet no (5) Number in order of birth 2 (6) Age of Parent 40 (7) DATE OF BIRTH June 6, 23
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME J. J. Cedwell
(9) PRESENT RESIDENCE OF FATHER Spartanburg, S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 72 (Year)
(12) BIRTHPLACE W.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 12

MOTHER.
(14) NAME BEFORE MARRIAGE Mrs. Potter
(15) PRESENT RESIDENCE OF MOTHER Spartanburg, S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 70 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House wife
(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 114 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) [Signature] (23) Address of Physician or Midwife Spartanburg, S.C.
(24) State whether Physician or Midwife affid.

Give name of affid. from a supplement-
of report
M. B. W. - M. D.
6/11/23 19 23
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed June 16, 1923 (27) Mrs. G. H. Saker 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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