

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

No. for State Registrar Only  
**22523**

County of **Spartanburg**  
Township of **Shochoff**  
or  
In. Town of **Shochoff**  
or  
City of **Shochoff**  
Registration District No. **40-13**  
Registered No. **54**  
(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.)

1) Full Name of Child **L. J. Minor**  
(If child is not yet named, make supplemental report as directed)

2) SEX OF CHILD **Boy** 3) Type or Tissue **No** 4) Number in order of birth **No** 5) DATE OF BIRTH **July 26, 23**  
To be answered only in case of Twins or Triplets  
(Name of Month) (Day) (Year)

6) FULL NAME OF FATHER **Unknown** 7) FULL NAME OF MOTHER **Lula Minor**

8) PRESENT POSTOFFICE OF FATHER **Shochoff** 9) PRESENT POSTOFFICE OF MOTHER **Shochoff**

10) COLOR OR RACE **White** 11) AGE AT LAST BIRTHDAY **20**  
(Year)

12) BIRTHPLACE **Shochoff** 13) BIRTHPLACE **Shochoff**

14) OCCUPATION **Mill Hand** 15) OCCUPATION **Mill Hand**

16) Number of children born to mother, including present birth **One** 17) Number of children of this mother now living, including present birth **One**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

18) I hereby certify that I attended the birth of this child, who was **alive** at **7 P. M.** on the date above stated.  
(Born alive or stillborn) (Hour) (Day) (Month) (Year)

19) (Signature) **J. A. Shochoff** 20) State whether Physician or Midwife **Phys** 21) Address of Physician or Midwife **Shochoff**

22) Give name added from a supplemental report

23) Witness **John L. Boyter**  
(Signature of Witness necessary only when question 22 is signed by mark)

24) Filed **Aug. 10, 23** 25) **John L. Boyter**  
Registrar 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.

4) A child declared stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.