

(1) PLACE OF BIRTH

County of Spartanburg

Township of

Inc. Town of

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

151A-151B

33801

Registration District No. 40-2Registered No. 42

(For use of Local Registrar)

(No. 117 Wadsworth)

Ward

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Male</u>	(4) Type of Birth <u>Normal</u>	(5) Number of Children of Mother <u>3</u>	(6) Date of Birth <u>11-1-23</u>	(7) Time of Birth <u>1:30 P.M.</u>
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FATHER

(8) NAME Charles D. W. Wadsworth(9) PRESENT RESIDENCE OF FATHER Spartanburg(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28(12) BIRTHPLACE Spartanburg(13) OCCUPATION Banker(14) Number of children born to mother, including present birth 3

MOTHER

(15) NAME Ellen M. Wadsworth(16) PRESENT RESIDENCE OF MOTHER Spartanburg(18) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22(19) BIRTHPLACE Columbia(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 9 ft. on the date above stated.(23) (Signature) Dr. J. H. Wadsworth(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 11-1-23 23 Yes Coker 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.

*When there was no attending physician or midwife, even one, no report is desired of stillbirths before the fifth month of pregnancy. 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.