

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of
Township of
or
Inc. Town of
or
City of Spartanburg (No. 165 Broadway St.; Ward 6)
(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
32135

Registration District No. 40-a Registered No. 428
(For use of Local Registrar)

(2) Full Name of Child Ralph Wings Hauer (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>9-2-22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8) FULL NAME <u>E. B. Hauer</u>	14) NAME BEFORE MARRIAGE <u>Wings</u>	15) PRESENT POSTOFFICE OF FATHER <u>Spartanburg S.C.</u>	16) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg S.C.</u>
9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>	17) AGE AT LAST BIRTHDAY <u>40</u> (Years)	18) COLOR OR RACE <u>White</u>	19) AGE AT LAST BIRTHDAY <u>37</u> (Years)
10) BIRTHPLACE <u>S.C.</u>	20) OCCUPATION <u>Butcher</u>	21) BIRTHPLACE <u>A.C.</u>	22) OCCUPATION <u>Barman</u>
23) Number of children born to mother, including present birth <u>10</u>	24) Number of children of this mother now living, including present birth <u>9</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was always at 10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Brown

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 109

Given name added from a supplemental report

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

(27) Filed 10-1-22 (28) Jas. Copes 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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