

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Spartanburg  
 or  
 Inc. Town of .....  
 or  
 City of 11

(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  
**20101**

Registration District No. 40-a Registered No. 293  
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

6.....6.....22  
 (Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

**FATHER**

A E Burnett

City

(11) AGE AT LAST BIRTHDAY

(Years)

24

Ky.

Misc Op

**MOTHER**

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

Virgian Fowler

City

(17) AGE AT LAST BIRTHDAY

(Years)

19

S.C.

Housewife

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physic. or Midwife

affid.

Joe W. Allen  
City

Given name added from a supplemental report

Mr. B. W. McD.

6/13/43 19.....  
 Registrar

(26) Witness

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

(27) Filed

9-1-22 (28) Joe C. Jones  
 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.