

(1) PLACE OF BIRTH

County of Spartanburg
Township of Campbell

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

30172

Registration District No. 4001-A Registered No. 101
(For use of Local Registrar)

2 Full Name of Child Chance L Underwood

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

SEX OR AGE? Girl (4) Twin or triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 3 1923
(Name of Month) (Day) (Year)

FATHER.

FULL NAME Levey Underwood

PRESENT POSTOFFICE OF FATHER Campbell S.C. #2

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
(Years)

BIRTHPLACE S.C.

OCCUPATION Farmer

Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ester Bryant

(15) PRESENT POSTOFFICE OF MOTHER Campbell S.C. #2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

23 I hereby certify that I attended the birth of this child, who was alive at 11-30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) M. H. Mayberry

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Campbell S.C.

Has name added from a supplemental report

Dec 18 1923
Janie Carey

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

(27) Filed 1/28 1923 (28) C. S. Mayberry 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.

Fifth month of pregnancy.