(1) PLACE OF BIRTH

County of Spartanburg

Township of .....

or

Inc. Town of .....

or

City of Spbg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
19072

Registration District No. 40-a Registered No. 253
(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.)

(2) Full Name of Child Eugene Bobo

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

(3) SEX OF CHILD

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 24 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME unknown

(9) PRESENT POSTOFFICE OF FATHER ✓

(10) COLOR OR RACE ✓

(11) AGE AT LAST BIRTHDAY ✓ (Years)

(12) BIRTHPLACE ✓

(13) OCCUPATION ✓

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Bobo

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housework

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 6 A.M. (Alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(22) (Signature) H. G. Mason

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 7-1- 1923 Jas. Cole
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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