

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

(City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *John Sordelords Black* (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL *Boy* (2) Twin or Triplet *No* (3) Number in order of birth *1st* (4) Sex *Male* (5) DATE OF BIRTH *2/23* (Name of Month) (Day) (Year)

FATHER. (10) FULL NAME *L. O. Black* (11) NAME BEFORE MARRIAGE *Emma Bridges*

(9) PRESENT POSTOFFICE OF FATHER *Spartanburg* (12) PRESENT POSTOFFICE OF MOTHER *Spartanburg S.C.*

(10) COLOR OR RACE *W.* (11) AGE AT LAST BIRTHDAY *29* (12) COLOR OR RACE *W.* (13) AGE AT LAST BIRTHDAY *29*

(14) BIRTHPLACE *S.C.* (15) BIRTHPLACE *S.C.*

(16) OCCUPATION *Mechanic* (17) OCCUPATION *Housewife*

(18) Number of children born to mother, including present birth *1* (19) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) *affid. 6/15/43* (22) State whether Physician or Midwife *Local Physician* (23) Address of Physician or Midwife *156 E. Main St.*

Given name added from a supplemental report

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

(25) Filed *5* 19 *23* (26) Local Registrar *Jas. J. Jones*

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed 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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