

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. for State Register Only
5107

County of

Township of

OF

inc. Town of

OF

(City of *Spartanburg*

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

Registration District No. *40-2* Registered No. *73*

(For use of Local Registrar)

(No. *119* *Cherokee* St.)

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

(1) BOY OR GIRL *Boy* (2) Sex *Male* (3) Number in order of birth *1* (4) Age *1 year* (5) DATE OF BIRTH *2/23* 19*23*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER (6) FULL NAME *L. O. Black*

MOTHER (14) NAME BEFORE MARRIAGE *Emma Bridgers*

(7) PRESENT POSTOFFICE OF FATHER *Spartanburg*

(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg S.C.*

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

(16) COLOR OR RACE *W.* (17) AGE AT LAST BIRTHDAY *29* (Year)

(12) BIRTHPLACE *S.C.*

(18) BIRTHPLACE *S.C.*

(13) OCCUPATION *Mechanic*

(19) OCCUPATION *Housewife*

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive at 3:00 am* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Local Physician*
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife *156 E. Main St.*

Given name added from a supplemental report

Jennie Fairley
May 14 1923
Registrar

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

(27) Filed *5* 19 *23* (M) *JAS. JAMES* 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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Use in case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. use same in FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 1. BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.