

## (1) PLACE OF BIRTH

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

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

**(2) Full Name of Child**

3) BOY OR GIRL? *Girl*

(4) **Twin**

To be answered only in event of Injury or Infection

(5) **Members:** In

(B) Are Parents *glo*  
Blurred

(7) DATE OF

BIRTH Oct 7 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME, *Archie Holman*

9) PRESENT POSTOFFICE OF FATHER *Box 1000*

(10) COLOR OR RACE *White*

(11) AGE AT LAST BIRTHDAY 24

(12) BIRTHPLACE Memorata K.

(13) OCCUPATION  
Cotton Mill Operator

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

# CERTIFICATE OF BIRTH

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

Registration District No. 40... Registered No. 488

(No. Eagle Farm Corrae High Ward)  
Institution, give name of same instead of street and number.

File No. — For State Registrar Only  
36383

Registered No. 488  
(For use of Local Registrar)

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

**MOTHER**

(14) NAME BEFORE MARRIAGE *Eric Keckston*

(15) PRESENT POSTOFFICE OF MOTHER *Amstenburg, C*

(18) COLOR OR RACE *White*

(17) AGE AT LAST BIRTHDAY.....21.....

(10) BIRTHPLACE  
Hale County, N. C.

(19) OCCUPATION  
Farm Hand

(21) Number of children of this mother  
now living - including current birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:17 M.,  
on the date above stated. 1932 (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) R. J. [illegible] M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
 \_\_\_\_\_  
 \_\_\_\_\_

Given name added from a supplement

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

(27) Filed 11-1-22 (28) Jas Copes

\*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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