

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

File No.—for State Register Only
19265

City of Spartanburg
 County of Woodruff
 or
 Town of Registration District No. 4009 Registered No. 65
 or
 of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child If child is not yet named, make supplemental report as directed

SEX OF CHILD Male (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14 23
 (Month of Month) (Day) (Year)

FATHER		MOTHER	
(14) NAME BEFORE MARRIAGE <u>Harry R. R.</u>	(14) NAME BEFORE MARRIAGE <u>Anna Wilson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Woodruff S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Woodruff S.C.</u>
(16) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u>	(17) AGE AT LAST BIRTHDAY <u>28</u>
(18) BIRTHPLACE <u>N.C.</u>	(18) BIRTHPLACE <u>Spartanburg S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>5</u>	(20) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) C. H. McLeod (22) Address of Physician or Midwife Woodruff S.C.
 (23) State whether Physician or Midwife Phys

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark) Chas. L. Joyner
 (25) Local Registrar

(26) Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If no breeches even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.