

(1) PLACE OF BIRTH

County of Spartanburg
 Township of
 or
 Inc. Town of
 or
 City of Spartanburg, S.C.
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5663

Registration District No. 40-A Registered No. 54
 (For use of Local Registrar)

(No. 276 Green 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 Frederick (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL Boy 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? No 7. DATE OF BIRTH Jan 16, 1922
 (Name of Month) (Day) (Year)

FATHER.
 8. FULL NAME Mr. Laceyford
 9. PRESENT POSTOFFICE OF FATHER Not Known
 10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 19
 (Years)
 12. BIRTHPLACE Spartanburg, S.C.
 13. OCCUPATION Student
 20. Number of children born to mother, including present birth 1

MOTHER.
 14. NAME BEFORE MARRIAGE Kate Fowler
 15. PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.
 16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 17
 (Years)
 18. BIRTHPLACE Spartanburg, S.C.
 19. OCCUPATION Wife
 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 Alive at 1 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. J. Crain, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

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

(27) Filed 3-1 19 22 (28) Jas. Copes 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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