

(1) PLACE OF BIRTH

County of SpartanburgTownship of Spartanburg

or

Inc. Town of Whitney

or

City of

(No. St.; Ward)
(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

23959

Registration District No. 4008Registered No. 202
(For use of Local Registrar)(2) Full Name of Child Luther Edward Earl

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

June 21 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Raymond Earl(9) PRESENT POSTOFFICE OF FATHER Whitney S.C.(10) COLOR OR RACE col(11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Day Laborer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Willie May Flack(15) PRESENT POSTOFFICE OF MOTHER Whitney S.C.(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... celiv.... at 2:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. Major P. M.)(23) (Signature) Mary Jane Byrd(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Whitney 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 July 20 1922(28) Wm. F. Parker

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.