

(1) PLACE OF BIRTH

County of *Spartanburg*...Township of *#*.....

Inc. Town of.....

City of.....

(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

15714

Registration District No. *3502* Registered No. *27*
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

(1) SEX
MALE(4) Type
of Birth

To be covered only in case of Twins or Triplets

(5) Number in
order of Birth(6) Are
Parents
Married(7) DATE OF
BIRTH *April 4, 1923*
(Month) (Day) (Year)

FATHER

(8) FULL
NAME*Alexander P Mc Carthy*(9) PRESENT
POSTOFFICE
OF FATHER*Saluda S.C. R.F.D. #5*(10) COLOR
OR
RACE*White*(11) AGE AT LAST
BIRTHDAY*45*
(Years)

(12) BIRTHPLACE

Edgefield County S.C.

(13) OCCUPATION

Farming(14) Number of children born to
mother, including present birth*6*

MOTHER

(15) NAME BEFORE
MARRIAGE*Julia Moore*(16) PRESENT
POSTOFFICE
OF MOTHER*Saluda S.C. R.F.D. #5*(17) COLOR
OR
RACE*White*(18) AGE AT LAST
BIRTHDAY*32*
(Years)

(19) BIRTHPLACE

Edgefield County S.C.

(20) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth*6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... at *11 P.M.*
on the date above stated. (Born alive *yes* () (Hour A. M. or P.M.))

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-
al report)

(26) Witness

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

(27) Filed

June 5, 1923

(28)

J. O. Calhoun
Local RegistrarWhen 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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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