

Reg. # 577
U. S. Dept. of Commerce
Bureau of the Census
1. PLACE OF BIRTH

County of Spartanburg

Township of

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 Marjorie Virginia Strauss

FILE No.—For State Registrar Only
Vol. 57 42689

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No.

Registered No.
(For use of Local Registrar)

Spartanburg General Hospital

Ward

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

3. Boy or Girl ☒ Male ☐ Female
4. Twins, triplets or other
5. Number, in order of birth
6. Premature
7. Are Parents Married? Yes
8. Date of Birth 10/12/23
(Month, day, year)

9. Full name
FATHER
John William Strauss

10. Residence (mailing address)
(If non-resident, give place and State) 148 Patillo St.

11. Color or race W
12. Age at last birthday 40 (years)

13. Birthplace (city or place)
(State or country) Wilmington, N. C.

14. Trade, profession or particular
kind of work done, as spinner,
lawyer, bookkeeper, etc.
Steamfitter

15. Industry or business in which
work done, as silk mill, sawmill,
bank, etc.

16. Date (month and year) last
engaged in this work 1911
17. Total time (years)
spent in this work 20

MOTHER
18. Name before
marriage Zeppie Madella Pate

19. Residence (mailing address)
(If non-resident, give place and State) 148 Patillo St.

20. Color or race W
21. Age at last birthday 35 (years)

22. Birthplace (city or place)
(State or country) Goldsboro, N. C.

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.
Housewife

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.

25. Date (month and year) last
engaged in this work
26. Total time (years)
spent in this work
19

27. Number of children of this mother
(At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

28. If stillborn, ☐ months ☐ weeks
period of gestation
29. Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at m. on above date. (Name of Prophylactic)

Cleft Palate Hare Lip Other Deformities
(Specify)

When there was no attending physician
or midwife, then the father, householder
etc., should make this return.
Given name added from
a supplementary report Countdown
(Date of) #226

Jesse O. Willson, M.D.
(Signed) Mrs. Zeppie Pate Strauss
or Midwife

Address
Filed 3-27 at 10:46 Mar 27 1924

State Registrar
3-27-46