

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH ENFOLDING ENK.—THIS IS A PERMANENT RECORD.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 8

Form No. 1, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 42823	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA			
Township of <u>Beech Spring</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>42nd. A</u>		Registered No. <u>7.2</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Joseph Vernon Freeman</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 15 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Scuid Freeman</u>			(14) NAME BEFORE MARRIAGE <u>Emma Whisnant</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wesford SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wesford SC</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Spartanburg Co</u>			(18) BIRTHPLACE <u>Burke Co N.C</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alone</u> at <u>8 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>S. B. Moore</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Lucas SC</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>Nov 1 1923</u> (28) <u>S. B. Moore</u> 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.