

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

File No.—For State Registrar Only

County of Spartanburg

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23812-A

1. PLACE OF BIRTH

County of SpartanburgBureau of Vital Statistics
State Board of HealthTownship of 1Registration District No. 2Registered No. _____
(For use of Local Registrar)

or

City of 1

St. _____ Ward _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

2. Full Name of Child Robert Lee Hall

7. DATE OF BIRTH

3. BOY OR GIRL Boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

MOTHER

8. FULL NAME William C Hall14. NAME BEFORE MARRIAGE Margie Griffin9. PRESENT POSTOFFICE OF FATHER Greenville SC15. PRESENT POSTOFFICE OF MOTHER Greenville SC10. COLOR OR RACE W11. AGE AT LAST BIRTHDAY 36
(Years)16. COLOR OR RACE W17. AGE AT LAST BIRTHDAY 25
(Years)12. BIRTHPLACE NC18. BIRTHPLACE SC13. OCCUPATION mil W19. OCCUPATION house W20. Number of children born to mother, including present birth { 321. Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was alive at 8:00 M. (Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.

23. Signature W. B. Lunsford

24. State whether Physician or Midwife

25. Address of Physician or Midwife Spartanburg SC

Given name added from a supplemental report

26. Witness

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

27. Filed

19

28.

Local Registrar

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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.