

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City ofCity of *Spartanburg*

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

9081

Registration District No. *40-A*Registered No. *169*

(For use of Local Registrar)

St. *4* Ward

(2) Full Name of Child

Ralph B. Pope

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

(3) SEX OR

CHILD

(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: *2-24-1922*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME*R. B. Pope*(9) PRESENT
POSTOFFICE
OF FATHER*Spartanburg*(10) COLOR
OR
RACE*white*(11) AGE AT LAST
BIRTHDAY*25*
(Years)

(12) BIRTHPLACE

Pa.

(13) OCCUPATION

Teacher

MOTHER.

(14) NAME BEFORE
MARRIAGE*Rosa Brown*(15) PRESENT
POSTOFFICE
OF MOTHER*Spartanburg, S.C.*(16) COLOR
OR
RACE*white*(17) AGE AT LAST
BIRTHDAY*21*
(Years)

(18) BIRTHPLACE

M.C.

(19) OCCUPATION

Dom.(20) Number of children born to
mother, including present birth*1-5*(21) Number of children of this mother
now living, including present birth*4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

John Brown M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplement-
tal report

(26) Witness

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

(27) Filed

*4-1-1922**Gas. Copes*
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.*When there was no attending physician or midwife, then the father, householder, etc. should make this return.
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