

(1) PLACE OF BIRTH

County of Spartanburg
Township of Woodruff

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—for State Registrar Only

8621

Inc. Town of Registration District No. 4009 Registered No. 22
(For use of Local Registrar)
City of (No.) (Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 7, 23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Tom Ovington</u>			(14) NAME BEFORE MARRIAGE <u>Betty Bob. Garret</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Woodruff, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Woodruff, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Greenville, S.C.</u>			(18) BIRTHPLACE <u>Spartanburg, S.C.</u>	
(13) OCCUPATION <u>Electrician</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alvin A. as born alive or stillborn (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) G. H. McLeod
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Woodruff, S.C.

Given name added from a supplemental report

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

(27) Filed April 10, 1923 (28) Charles J. Boyter 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.

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