

WRITE FAIRLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

1. PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg
or
Inc. Town of Glendale
or
City of _____

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

FILE No.—For State Registrar Only

20280

Registration District No. _____ Registered No. _____
(For use of Local Registrar)

City of _____ (No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD

Sarah Elizabeth West If child is not yet named, make supplemental report as directed.

3. ~~BOY~~ OR
GIRL

4. Twin or
Triplet

5. Number in order
of birth

6. Are
Parents
Married?

DATE OF BIRTH

June 14, 1922
(Name of Month (Day) (Year))

To be answered only in event of Twins or Triplets

FATHER

8. FULL
NAME

Joe West

9. PRESENT
POSTOFFICE
OF FATHER

Glendale Se

10. COLOR
OR
RACE

white

11. AGE AT LAST
BIRTHDAY

(Years)

12. BIRTHPLACE

13. OCCUPATION

textile worker

23. Number of children born to
mother, including present birth {

1

14. NAME BEFORE
MARRIAGE

MOTHER

Betty Coates

15. PRESENT
POSTOFFICE
OF MOTHER

Glendale

16. COLOR
OR
RACE

white

17. AGE AT LAST
BIRTHDAY

(Years)

18. BIRTHPLACE

Glendale

19. OCCUPATION

textile worker

21. Number of children of this mother {
now living, including present birth {

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was alive at 10 M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

Elba Rossett

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Glendale Se

Given name added from a supplemental report

Sarah Elizabeth West

26.

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

27. Filed

19

28

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.