

Form No. 1

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Pacolet*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

30223

Registration District No. *4006*Registered No. *116*
(For use of Local Registrar)(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 *Miss Carrie Petty*

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

(1) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH <i>9-10-23</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>John L. Petty</i>			(14) NAME BEFORE MARRIAGE <i>Daisy Crow</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Pacolet S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Pacolet S.C.</i>	
(10) COLOR OR RACE <i>White</i>			(17) AGE AT LAST BIRTHDAY <i>42</i>	
(11) AGE AT LAST BIRTHDAY <i>56</i> (Years)			(16) BIRTHPLACE <i>S.C.</i>	
(12) BIRTHPLACE <i>S.C.</i>			(18) OCCUPATION <i>Housewife</i>	
(13) OCCUPATION <i>Farmer</i>			(21) Number of children of this mother now living, including present birth <i>9</i>	
(20) Number of children born to mother, including present birth <i>10</i>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10 P.* M., on the date above stated. (Born *alive* stillborn) (Hour, M. or P. M.)(23) (Signature) *N. L. Kutch*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Pacolet S.C.*

Give name added from a supplemental report

(26) Witness

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

(27) Filed *Oct 10 1923*

(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.