

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Campbell
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32238

Registration District No. H-1-B Registered No. 75
(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 Alpha Landrum (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH Sept 22 1924
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8. FULL NAME <u>E.P. Landrum</u>	14. NAME BEFORE MARRIAGE <u>Effie Lige</u>	15. PRESENT POSTOFFICE OF FATHER <u>Inman R # 5</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Inman R # 5</u>
10. COLOR OR RACE <u>black</u>	11. AGE AT LAST BIRTHDAY <u>37</u> (Years)	16. COLOR OR RACE <u>black</u>	17. AGE AT LAST BIRTHDAY <u>31</u> (Years)
12. BIRTHPLACE <u>SC</u>	18. OCCUPATION <u>farmer</u>	19. BIRTHPLACE <u>SC</u>	19. OCCUPATION <u>Housewife</u>
20. Number of children born to mother, including present birth <u>9</u>	21. Number of children of this mother now living, including present birth <u>9</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Patsie Bradford
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Inman R # 5

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) Ben T. Bishop 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.