

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only
20238

Registration District No. 4008 Registered No. 163
(For use of Local Registrar)
(No. R2 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 Clarence Earl Lidy If child is not yet named, make supplemental report as directed

3 BOY OR GIRL <u>Boy</u>	4 Twin or Triplet? To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>Apr 12, 1922</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>James Lidy</u>			14 NAME BEFORE MARRIAGE <u>Alice Burgin</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Spartanburg R2 S.C.</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Spartanburg R2 S.C.</u>	
10 COLOR OR RACE <u>white</u>	11 AGE AT LAST BIRTHDAY <u>38</u> (Years)	16 COLOR OR RACE <u>white</u>	17 AGE AT LAST BIRTHDAY <u>33</u> (Years)	
12 BIRTHPLACE <u>NC</u>		18 BIRTHPLACE <u>NC</u>		
13 OCCUPATION <u>Farmer</u>		19 OCCUPATION <u>Housewife</u>		
20 Number of children born to mother, including present birth <u>7</u>		21 Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22 I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Kappner
(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Whitney 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 7-1-22 (28) E. J. Parker Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child dies even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child dies even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.