

(1) PLACE OF BIRTH

County of SpartanburgTownship of SpauldingInc. Town of SpartanburgCity of Spartanburg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

5285

Registration District No. 4008Registered No. 42
(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 James Grady Ware, Jr.

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

3. SEX OR ONLY Boy4. Twin or Triplet -5. Number in order of birth 16. Are Parents Married yes7. DATE OF BIRTH Feb 29 1927
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME James Grady Ware9. PRESENT POSTOFFICE OF FATHER Irigo Mountain10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 24
(Year)12. BIRTHPLACE Irigo Mountain13. OCCUPATION mill operator14. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Lee Love15. PRESENT POSTOFFICE OF MOTHER Spartanburg16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 18
(Year)18. BIRTHPLACE Irigo Mountain19. OCCUPATION housewife20. 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 born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. W. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 29 1927(28) Mrs. C. A. Barker
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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