

(1) PLACE OF BIRTH

County of Spartanburg

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

37537

Registration District No. 40-A Registered No. 532

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Samuel J. Fisher If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Boy</u>	(2) Type or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Age of Child <u>1</u> years	(5) DATE OF BIRTH <u>2-2-23</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(6) FULL NAME <u>Samuel J. Fisher</u>	(10) NAME BEFORE MARRIAGE <u>Lola Hickey</u>	(7) FULL NAME <u>Lola Hickey</u>	(11) NAME BEFORE MARRIAGE <u>Lola Hickey</u>

(8) PRESENT RESIDENCE OF FATHER <u>Spartanburg</u>	(12) PRESENT RESIDENCE OF MOTHER <u>Spartanburg</u>
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(9) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>80</u>	(14) COLOR OR RACE <u>N</u>	(15) AGE AT LAST BIRTHDAY <u>25</u>
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(16) BIRTHPLACE <u>SC</u>	(17) BIRTHPLACE <u>GA</u>
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(18) OCCUPATION <u>mill worker</u>	(19) OCCUPATION <u>Domestic</u>
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(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Lawrence M. D.

(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 12-2-23 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.