

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofCity of Spartanburg

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

22501

Registration District No. 40-ARegistered No. 307

(For use of Local Registrar)

(2) Full Name of Child Mary Ann

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

(3) BOY OR GIRL girl

(4) Twin or Triplet

(5) Number of children born to mother, including present birth

(6) DATE OF BIRTH July 18, 1923

(Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Bind(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 26(12) BIRTHPLACE Fairfield S.C.(13) OCCUPATION Barber(14) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Rachel Keenan(15) PRESENT POSTOFFICE OF MOTHER Spartanburg City(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 28(18) BIRTHPLACE Union S.C.(19) OCCUPATION laundress(20) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) 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.)(22) (Signature) Jannie Wilson(23) State whether Physician or Midwife midwife(24) Address of Physician or Midwife 61 E. Hampton Ave

Given name added from a supplemental report

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

(26) Filed 8-1-23 Jas Copes 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 required of stillbirths before the fifth month of pregnancy.