

(1) PLACE OF BIRTH

County of

Spartanburg

Township of

or

Inc. Town of

or

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

File No. - For State Registrar Only

36373

Registration District No.

40-0

Registered No.

478

(For use of Local Registrar)

(No. 174 Morgan at

St. 2

Ward)

(2) Full Name of Child *Francis Alden Huffpauer*

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

(3) BOY OR GIRL?

(4) Twin or Triplet

(5) Number in order of birth 2

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

Oct 31 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Rosau Huffpauer

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

La

(13) OCCUPATION

Electrical Engineer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillian Glenn

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

*Asheville**N.C.*

(19) OCCUPATION

at Home

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, *born alive* at *9 P.M.* on the date above stated. (Day, date or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phys Spartanburg 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

11-1-22

(28)

Jan. C. Jones

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.

BEGAN OF COLUMBIA, COLUMBIA, B. C.