

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

**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

Registration District No. \_\_\_\_\_

2496

Registration District No. 4002B Registered No. 6  
(For use of Local Registrar)

City of ..... (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 Rena Merrill Patel

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

3) BOY OR GIRL? <i>girl</i>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <i>yes</i>	7) DATE OF BIRTH <i>Jan 6 1932</i>
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## MOTIER

(8) FULL NAME	Jesse B. Davis	
(9) PRESENT POSTOFFICE OF FATHER	Cherokee St 6	
(10) COLOR OR RACE	white	(11) AGE AT LAST BIRTHDAY 23- (Years)
(12) BIRTHPLACE	St 6	
(13) OCCUPATION	Farmer	

(14) NAME BEFORE MARRIAGE	Girther E Bradley	
(15) PRESENT POSTOFFICE OF MOTHER	Cherokee S.C.	
(16) COLOR OR RACE	white	(17) AGE AT LAST BIRTHDAY.....'18
(18) BIRTHPLACE	S.C.	(19) OCCUPATION
		Domestic

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was.....  
on the date above stated.....

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement  
al report

(20) Wilson

(Signature of Witness necessary only  
when question 22 is signed by mark)

(57) File

(28) *u*

### Local Residents

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.