

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

12126

Registration District No. 4008. Registered No. 97
(For use of Local Registrar)

(No. St. Ward)

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

Name of Child

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

(1) Twin or Triplet?

(2) Number in order of birth

(3) Are Parents Married?

(4) DATE OF BIRTH

Apr. 23 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(14) NAME BEFORE MARRIAGE

Fanni Charles

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg R. 3

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Madison Co. S.C.

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:25 P.M. on the date above stated.

(23) (Signature)

A. D. Cudd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Spartanburg

(26) Witness

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

(27) Filed Apr. 28 1923

(28) Mrs. C. F. Parker

Local Registrar

Return Only

Ward

Ward

ed, make directed

19 (Year)

Ward

Ward

M. or P. M.

Midwife

Return

Return

Return

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