

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. for this Register 37551

County of

Township of

Inc. Town of

City of Spartanburg

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

Registration District No. 40-2Registered No. 505

(For use of Local Registrar)

(No. of office)

St. 4 Ward

(2) Full Name of Child

Richard

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

(3) SEX OF CHILD MALE (4) Type or Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth (6) Age at birth yr (7) DATE OF BIRTH Oct 20 23 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. Richard(9) PRESENT RESIDENCE OF FATHER Spartanburg(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION County Jailor(14) Number of children born to mother, including present birth 7

MOTHER.

(15) NAME BEFORE MARRIAGE Luise Carruth(16) PRESENT RESIDENCE OF MOTHER Spartanburg(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 34 (Years)(19) BIRTHPLACE S.C.(20) OCCUPATION Home(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour-M. or P.M.)(23) (Signature) W R Burt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Spartanburg

(Given name added from a supplemental report)

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

(27) Filed 12-1-23 (28) Joe Copas 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.