

(1) PLACE OF BIRTH

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40-0

File No.—For State Registrar Only

19074

Registered No. 255
(For use of Local Registrar)(2) Full Name of Child Pauline

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

(3) SEX OR
GIRL girl(4) Twin
or Triplet
To be answered only in event of Twin or Triplet(5) Number in
order of birth(6) Are
Parents
Married? No(7) DATE OF
BIRTH June 30, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Paul Carter(9) PRESENT
POSTOFFICE
OF FATHER Spartanburg(10) COLOR
OR
RACE Colored(11) AGE AT LAST
BIRTHDAY 22
(Years)(12) BIRTHPLACE
Spartanburg(13) OCCUPATION
mining(14) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Alice Jones(15) PRESENT
POSTOFFICE
OF MOTHER Spartanburg(16) COLOR
OR
RACE colored(17) AGE AT LAST
BIRTHDAY 23
(Years)(18) BIRTHPLACE
Spartanburg(19) OCCUPATION
farming(20) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 4:00 A.M.,
on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(22) (Signature) Gracie Ferguson Midwife

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife
SpartanburgGiven name added from a supplement-
al report(25) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(26) Filed 7-1-23 Local RegistrarWhen 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.