

## (1) PLACE OF BIRTH

County of SpartenburgTownship of Deech Spgs.

OF

Inc. Town of .....

OF

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12.—For State Register Only

30128

Registration District No. 40 CRegistered No. 148

(For use of Local Registrar)

(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 Robert J. Givens If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

Sept 16 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME R. W. Givens(9) PRESENT POSTOFFICE OF FATHER Sumner S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Kate Brown(16) PRESENT POSTOFFICE OF MOTHER Sumner S.C.(18) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 25  
(Year)(15) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jas. V. Givens M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sumner S.C.

Given name added from a supplemental report

Givens, Fairy  
Dec. 19 1923

(26) Witness

(Signature of Witness necessary only when question 23 is signed "Stillborn")

(27) SIGNATURE

Oct 1 1923  
Local Registrar

When there was an 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.

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