

(1) PLACE OF BIRTH

County of SpartanburgTownship of Spartanburgor Clifton, S.C.

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4008

No. for State Registrar Only

37752Registered No. 343
(For use of Local Registrar)

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

(2) Full Name of Child James Childers If child is not yet named, make supplemental report as directed(3) SEX OR GENDER Boy (4) Type or Triplet Single (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH NOV 19 23
(Name of Month) (Day) (Year)FATHER. FULL NAME James Childers MOTHER. NAME BEFORE MARRIAGE Elizabeth AndersonPRESENT POSTOFFICE OF FATHER Clifton S.C. PRESENT POSTOFFICE OF MOTHER Clifton S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 21 (12) COLOR OR RACE W. (13) AGE AT LAST BIRTHDAY 26
(Year) (Year)(14) BIRTHPLACE A.C. (15) BIRTHPLACE India(16) OCCUPATION Farmer (17) OCCUPATION H.V.(18) Number of children born to mother, including present birth First (19) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive at 7:00 a.m. on the date above stated. (Hour A. M. or P. M.)
Arthur E. Cannon, M.D.(21) (Signature) Arthur E. Cannon (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Converse, S.C.Given name added from a supplemental report

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

(25) Filed Dec 5 1923 (26) L. M. S. F. Harper 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.

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