

(1) PLACE OF BIRTH

County Spartanburg

Township of

or Inc. Town of

City of Spartanburg

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

(2) Full Name of Child Ray Jones White

File No.—For State Registrar

8476

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40-aRegistered No. 100

(For use of Local Registrar)

(No. 224 Cleveland St. Ward)

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF

BIRTH Feb 16 23 19 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

R. J. White

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37

(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Medic

(14) Number of children born to mother, including present birth

2

MOTHER.

(15) NAME BEFORE MARRIAGE

Louise Amick

(16) PRESENT POSTOFFICE OF MOTHER

Spartanburg, S.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

1

(Year)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

R. A. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1-2-23

Local Registrar

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Registrar

When there was no attending physician or midwife, then the father, householder, or 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.