

MAKING REMOVED FOR READING. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 8.

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of Sparta

City of

(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. 311

No. 14—For Sub Registrar

30656

Registered No. 04
(For use of Local Registrar)

(2) Full Name of Child Helen Bynum

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

1) BOY OR GIRL girl

2) Type or Order of Birth first

3) Number in order of birth 1

4) Are twins or multiples yes

5) DATE OF BIRTH July 15, 1923

(Month of birth) (Day) (Year)

FATHER

6) FULL NAME Will Bynum

7) PRESENT RESIDENCE OF FATHER Sparta S.C.

8) COLOR OR RACE white

9) AGE AT LAST BIRTHDAY 25

10) BIRTHPLACE Texas, Pa

11) OCCUPATION Textile

12) Number of children born to mother, including present birth 5

MOTHER

13) NAME BEFORE MARRIAGE Mrs Elgin

14) PRESENT RESIDENCE OF MOTHER Sparta S.C.

15) COLOR OR RACE white

16) AGE AT LAST BIRTHDAY 25

17) BIRTHPLACE Pa.

18) OCCUPATION Textile

19) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) as 7:12 A.M.

(21) (Signature) Goodman Bore

(22) State whether Physician or Midwife physician

(23) Address of Physician or Midwife Sparta, S.C.

Given name added from a supplemental report

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

(25) Filed See 10 27 (26) Margie Lobs

19

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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