

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the N. B.—In 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 1.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of .....  
or  
Inc. Town of .....  
or  
City of Spthg  
(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

File No.—For State Registrar Only  
**32070**

Registration District No. 40-a Registered No. 365  
(For use of Local Registrar)

(2) Full Name of Child

3) BOY OR GIRL yo 4) Twin or Triplet No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH 6-8-1922  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME J. R. Petty  
9) PRESENT POSTOFFICE OF FATHER Spartanburg  
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 35  
12) BIRTHPLACE S.C.  
13) OCCUPATION Mill Operator

MOTHER.

14) NAME BEFORE MARRIAGE Ella Petty  
15) PRESENT POSTOFFICE OF MOTHER Spartanburg  
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 36  
18) BIRTHPLACE S.C.  
19) OCCUPATION Mill Operator  
20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 8:22 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) A. Wideman M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
13. Wideman M.D.  
2-5-1924  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 10-1-22 (28) Jas. Copus 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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