

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Beech  
or  
In. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

19113

Registration District No. 40-8

Registered No. 80  
(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

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

(3) SEX OF CHILD

Male

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 2, 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

E. B. Staggs

(9) PRESENT POSTOFFICE OF FATHER

Musonsb.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

41  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Corakelly

(15) PRESENT POSTOFFICE OF MOTHER

Musonsb.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

37  
(Years)

(18) BIRTHPLACE

Greenville S.C.

(19) OCCUPATION

Domestic

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

10

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 a. M., on the date above stated. Normal stillborn (Hour M. or P. M.)

(23) (Signature)

(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 "stillborn")

(27) Filed June 30, 1923 (28) Ed. Rogers 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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