

PLACE OF BIRTH

City of Spartanburg
 County of Campbell
 Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19144

Registration District No. 40A1-A Registered No. 32.....
 (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.)

Full Name of Child J. D. Miller If child is not yet named, make supplemental report as directed

SEX OR Boy (1) Twin or Triplet (2) Number in order of birth (3) Are Parents Married Yes (7) DATE OF BIRTH June 4 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 FULL NAME Willie Price
 PRESENT POSTOFFICE OF FATHER Campbell St #3
 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
 BIRTHPLACE S.C.
 OCCUPATION Farmer
 Number of children born to mother, including present birth 6

MOTHER
 (14) NAME BEFORE MARRIAGE Jora Belle Purvis
 (15) PRESENT POSTOFFICE OF MOTHER Campbell St #3
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 1:50 A.M.
 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) T. O. Morrison
 (23) State of Mother Physician (24) Address of Physician or Midwife Campbell St #2

Name added from a supplemental report

Jessie Fairley
Oct 1 1923
 Registrar

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

(27) Filed June 1923 (28) C. J. Mayberry 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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