

(1) PLACE OF BIRTH

County of Spartanburg...
 Township of Beach Springs
 or
 Inc. Town of.....
 or
 City of.....

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

No. for State Register
30133

Registration District No. 40009 Registered No. 107
 (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 Malcolm Ernest Farmer If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Apr. 11, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME Martin Luther Farmer
 9) PRESENT POSTOFFICE OF FATHER Greer, S. C.
 10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Year)
 12) BIRTHPLACE Greenville County, S. C.
 13) OCCUPATION Farmer

MOTHER.
 14) NAME BEFORE MARRIAGE Vaud Lillie Keller
 15) PRESENT POSTOFFICE OF MOTHER Spartanburg, County
 16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Year)
 18) BIRTHPLACE Spartanburg, County
 19) OCCUPATION Housewife
 20) Number of children of this mother now living, including present birth 6

21) Number of children born to mother, including present birth 2
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive at 3:15 M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) H. S. Buckman (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greer, S. C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
 (27) Local Registrar H. S. Buckman

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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