

## (1) PLACE OF BIRTH

County of

Spartanburg

Township of

or

In Town of

or

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

File No.—For State Registrar Only

22563

Registration District No.

4-17-19

Registered No.

66

(For use of Local Registrar)

(No.

St.

Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

July 1 23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Tracy Boyce

(9) PRESENT POSTOFFICE OF FATHER

Green Urethville

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

Spartanburg Co

(13) OCCUPATION

Clerk

## MOTHER.

(14) NAME BEFORE MARRIAGE

Georgia Brown

(15) PRESENT POSTOFFICE OF MOTHER

Green PC

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Greenville S

(19) OCCUPATION

Homemaker

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

one

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

one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born as stillborn (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

J. M. O'Connell

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Green PC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 10 23

(28)

Registrar

When there was no attending physician or midwife then the father, householder, etc., should report a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn child before the fifth month of pregnancy.

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