

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cherry
 or
 Inc. 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
19193

Registration District No. 40.03

Registered No. 61
 (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.)

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

(2) Full Name of Child

(3) SEX OR GAY Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth 1

(6) Are Parents Married yes

(7) DATE OF BIRTH June 25 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jerse Ducket

(9) PRESENT POSTOFFICE OF FATHER Conover, N. #2

(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 26 (Year)

(12) BIRTHPLACE Union Co.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Norman

(15) PRESENT POSTOFFICE OF MOTHER Conover, N. #2

(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 27 (Year)

(18) BIRTHPLACE Spartanburg Co.

(19) OCCUPATION Nurse Keeping

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Caroline
 (23) State whether Physician or Midwife

(24) Address of Physician or Midwife Cherry Conover S.C.

Give name added from a supplemental report

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

(26) Filed June 30 23 (27) Local Registrar C. D. Hanna

When there was no attending physician or midwife, then the father, householder, etc., should make this return if a child breathes even once. No report is desired of stillbirths before the fifth month of pregnancy.