

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Pacolet
 or
 Inc. Town of

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

No. 22629
 (For use of Local Registrar)

Registration District No. 4006 Registered No. 81
 (For use of Local Registrar)

City of (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 Wayne Harvey If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Type of Birth Yes (5) DATE OF BIRTH 7-23-23
 (To be covered only in case of Twin or Triplets) (Name of Month) (Day) (Year)

FATHER: (14) FULL NAME Hillard Harvey (15) PRESENT RESIDENCE OF FATHER Pacolet S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE S.C.

MOTHER: (14) NAME BEFORE MARRIAGE Jeanette Loforte (15) PRESENT RESIDENCE OF MOTHER Pacolet S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE S.C.

(19) OCCUPATION Carpenter (20) OCCUPATION Housewife

(21) Number of children born to mother, including present birth (22) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (23) I hereby certify that I attended the birth of this child, who was alive (24) State whether Physician or Midwife

(25) (Signature) M. L. Kuyper (26) Address of Physician or Midwife M. L. Kuyper, Pacolet S.C.

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) 8-10-23 M. W. Brown

(28) 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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