

THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1, THE OTHER, No. 2, ETC., IN QUESTION 1.

(1) PLACE OF BIRTH
County of York
Township of Chiles
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
12447

Registration District No. 4400 Registered No. 18
(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 James Earl Upshaw (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy 4) Twin or Triplet To be answered only in event of Twins or Triplets 5) Number in order of birth 6) Are Parents Married Yes 7) DATE OF BIRTH Nov 28 1923
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Andrew Upshaw
9) PRESENT POSTOFFICE OF FATHER Levon, S. C. R. # 2
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 21 (Years)
12) BIRTHPLACE Greenville, S. C.
13) OCCUPATION Farmer
20) Number of children born to mother, including present birth 1

MOTHER.
14) NAME BEFORE MARRIAGE Grace Faulkner
15) PRESENT POSTOFFICE OF MOTHER Levon, S. C. R. # 2
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 19 (Years)
18) BIRTHPLACE Levon, S. C.
19) OCCUPATION Housewife
21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Earl Upshaw
(24) State whether Physician or Midwife (Address of Physician or Midwife)

Given name added from a supplemental report

(25) Witness E. B. Faulkner
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 20 1923 (28) E. B. Faulkner 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.