

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

see vol 11

(1) PLACE OF BIRTH

County of ... **SPARTANBURG** ..

Township of **N.**

OR

Inc. Town of **SPARTANBURG**

OR

City of **SPARTANBURG**

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. **4008** .. Registered No. **22**

(For use of Local Registrar)

(No. **General Hospital** ... St. Ward)

(2) Full Name of Child

(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 case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? No	(7) DATE OF BIRTH 7.24.23 (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME Lloyd Robinson	(10) NAME BEFORE MARRIAGE Gladys High	(10) NAME BEFORE MARRIAGE Gladys High	(10) NAME BEFORE MARRIAGE Gladys High
(9) PRESENT POSTOFFICE OF FATHER Spartanburg R.F.D.	(11) PRESENT POSTOFFICE OF MOTHER Spartanburg R.F.D.	(11) PRESENT POSTOFFICE OF MOTHER Spartanburg R.F.D.	(11) PRESENT POSTOFFICE OF MOTHER Spartanburg R.F.D.
(12) COLOR OR RACE Wh.	(13) AGE AT LAST BIRTHDAY 35 (Years)	(12) COLOR OR RACE Wh.	(13) AGE AT LAST BIRTHDAY 23 (Years)
(14) BIRTHPLACE S.C.	(15) BIRTHPLACE S.C.	(14) BIRTHPLACE S.C.	(15) BIRTHPLACE S.C.
(16) OCCUPATION Farmer	(17) OCCUPATION School Teacher	(16) OCCUPATION Farmer	(17) OCCUPATION School Teacher
(18) Number of children born to mother, including present birth 1	(19) Number of children of this mother now living, including present birth 1	(18) Number of children born to mother, including present birth 1	(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was **Alive** **11/A...M.**
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) **S.O. Black M.D.**

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife
spartanburg S.C.

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Mar 14

(25) Filed **7-28-23** 19**24** (26) **S.F. Garher**
 Registrar 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.