

PLACE OF BIRTH

City of Spartanburg
 County of Richland
 or
 Town of

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

No. 20752
 For Date Registered Only

Registration District No. 1605 Registered No. 80
 (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.)

Full Name of Child Jefford Faulk If child is not yet named, make supplemental report as directed

DATE OF BIRTH Apr 26 23
 (Month) (Day) (Year)

FATHER.

NAME Frank Faulk

RESIDENT ADDRESS Fork Route 1

COLOR colored (11) AGE AT LAST BIRTHDAY 58
 (Year)

BIRTHPLACE Faulk

OCCUPATION Farmer

Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lebbie Bridges

(15) PRESENT RESIDENT ADDRESS OF MOTHER Fork S C

(16) COLOR colored (17) AGE AT LAST BIRTHDAY 29
 (Year)

(18) BIRTHPLACE S C

(19) OCCUPATION Field hand

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Helen Parker (23) Address of Physician or Midwife

(24) State whether Physician or Midwife midwife Fork S C

Give name added from a supplemental report

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

(27) Filed Aug 14 23 H. H. Parker

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