

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or
City of Spartanburg

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32106

Registration District No. 10-a

Registered No. 399

(For use of Local Registrar)

(2) Full Name of Child Rumbert Oliver Burger

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

(3) BOY OR GIRL MALE (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 2, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rumbert B. Burger

(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Teacher

(20) Number of children born to mother, including present birth One (1)

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Blair

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Home

(21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was At 1 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Boyd

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

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

(27) Filed 10-1-22 (28) Jas. Cooper
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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