

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of Providence

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only
26429Registration District No. 4105 Registered No. 64
(For use of Local Registrar)(No. 54 Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Alma Mark

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

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH July 25 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie Mark(9) PRESENT POSTOFFICE OF FATHER Dalzell S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 49 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Laborer(14) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Du Bose(15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was live at 8-2 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(22) (Signature) Father & Jessie Mark(23) State whether Physician or Midwife (24) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

(25) Witness Mrs. E. B. Benham (Signature of Witness necessary only when question 23 is signed by mark)(26) Filed August 14 1923 (27) J. B. Raffield 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 3.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.