

(1) PLACE OF BIRTH

County Spartanburg

Township of

or
Inc. Town of Staror
City of

(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

5287

Registration District No. Registered No.
(For use of Local Registrar)(2) Full Name of Child Margaret Deaton .. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet .. (5) Number in order of birth .. (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 13 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. J. Deaton(9) PRESENT POSTOFFICE OF FATHER Spartanburg R. 6(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Year)(12) BIRTHPLACE North Carolina(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie B. Campbell(15) PRESENT POSTOFFICE OF MOTHER Spartanburg R. 6(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Year)(18) BIRTHPLACE West Springs(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was at 11 P. M.,
on the date above stated. (Born alive or stillborn) Hour M. or P. M.)(22) (Signature) A. M. Allen (23) Address of Physician or Midwife(24) State whether Physician or Midwife Physician Glendale

Given name added from a supplemental report

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

(26) 19 .. Registrar (27) Filed .. 19 .. (28) 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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