

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of Whitney
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5291

Registration District No. 4008 Registered No. 35
 (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.)

(2) Full Name of Child Ruth Suttles If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet Yes (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 3 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mark Suttles
 (9) PRESENT POSTOFFICE OF FATHER Whitney S C
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Year)
 (12) BIRTHPLACE S C

MOTHER.

(14) NAME BEFORE MARRIAGE Ernie Mason
 (15) PRESENT POSTOFFICE OF MOTHER Whitney S C
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE S C

(19) OCCUPATION Cotton mill Operative

(20) OCCUPATION Housewife

(21) Number of children born to mother, including present birth 6

(22) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) 3 a M., on the date above stated. (Hour A. M. or P. M.)

(24) (Signature) W. H. Chapman (25) Address of Physician or Midwife Whitney S C
 (26) State whether Physician or Midwife

Given name added from a supplemental report

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

(28) Filed Feb 14 1923 (29) Mrs. C. F. Parker 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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