

(1) PLACE OF BIRTH

County of SpartanburgTownship of Cherokeeor
Inc. Town ofor
City of

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

(2) Full Name of Child

Ruth HarmonNo. - For State Register
30200Registration District No. H022B, Registered No. 60
(For use of Local Registrar)(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 16, 1923
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Ruth Harmon
(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 12
(Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1MOTHER.
(14) NAME BEFORE MARRIAGE Variegna Green
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
(Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) W. H. Parker
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife W. H. Parker S.C.

Given name added from a supplemental report

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

(26) Filed 11-6-23 (27) 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.