

1. PLACE OF BIRTH

County of SpokaneTownship of 11or
Inc. Town of Whitney

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No. For State Registrar Only

42980

Registration District No. _____

Registered No. _____

(For use of Local Registrar)

(No. _____)

St. _____

Word) _____

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

2. FULL NAME OF CHILD

Alonzo L. Funcher

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

3. BOY OR GIRL

Boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

2-62623

To be answered only in event of Twins or Triplets

(Name of Month)

(Day)

(Year)

FATHER

8. FULL NAME

John A. Funcher

9. PRESENT POSTOFFICE OF FATHER

Whitney S.C.

10. COLOR OR RACE

W

11. AGE AT LAST BIRTHDAY

28

(Years)

12. BIRTHPLACE

S.C.

13. OCCUPATION

mill Wm

14. Number of children born to mother, including present birth

3

MOTHER

14. NAME BEFORE MARRIAGE

Ruby Jones

15. PRESENT POSTOFFICE OF MOTHER

Whitney

16. COLOR OR RACE

W

17. AGE AT LAST BIRTHDAY

28

(Years)

18. BIRTHPLACE

S.C.

19. OCCUPATION

house Wm

20. Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

(Born alive or stillborn)

(Hour A.M. or P.M.)

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness

(Signature of Witness necessary only when question 22 is signed by mark)

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.

MARGIN RESERVED FOR BINDING.

FORM NO. 1

FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 1.

COPY RETURNED TO COUNTY BOARD OF HEALTH, S.C.

AFFIDAVIT

STATE OF South Carolina

COUNTY OF Spartanburg

Name of Child: Clarence Edward Fincher
Place of birth: Whitney, S. C.
Date of Birth: September 26, 1923
Name of father: John A. Fincher
Maiden name of mother: Katie James.
Race ----White

Personally appeared before me Mrs. Katie J. Fincher

who first being duly sworn says that s/he is the mother

of Clarence Edward Fincher, who was born at Whitney S. C.

on September 26th, 1923; that the birth records in the office of the Clerk of

Court for Spartanburg County, South Carolina, are deficient in the following manner, to-wit:

That the name appears in the birth record as John A. Fincher, Jr. instead of his own name Clarence Edward Fincher, this name John A. Fincher was never his name and applies to an elder brother, further that the date appears as Sept 21, 1923, which should be Sept 26, 1923.

that this affidavit is made for the purpose of correcting the errors as herein stated.

Sworn to before me this 3rd

day of June, 1941

Walter B. Disher
Notary Public for S. C.

Katie J. Fincher,