

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Pacolet
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

22628

Registration District No. 4006 Registered No. 80
 (For use of Local Registrar)

City of (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 Thor Webster If child is not yet named, make supplemental report as directed

3 SEX OR CHILD Boy 4 Twin or Triplet No 5 Number in order of birth 1 6 Age of Child yes 7 DATE OF BIRTH 7-14-23
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 8 FULL NAME Luc Webster
 9 PRESENT POSTOFFICE OF FATHER Trough S.C.
 10 COLOR OR RACE Col. 11 AGE AT LAST BIRTHDAY 34
 12 BIRTHPLACE S.C.

13 OCCUPATION Laborer

14 Number of children born to mother, including present birth 11

MOTHER.
 14 NAME BEFORE MARRIAGE Charlie Jeffries
 15 PRESENT POSTOFFICE OF MOTHER Trough S.C.
 16 COLOR OR RACE Col. 17 AGE AT LAST BIRTHDAY 29
 18 BIRTHPLACE S.C.

19 OCCUPATION Housewife

20 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... alive ... at 10 ... M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) N. L. ...
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife M. W. Pacolet, S.C.

Given name added from a supplemental report

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

(27) Signed 8-10-23 (28) M. W. Brown 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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