

PLACE OF BIRTH

County Spartanburg

Township of

City or Town of

City of Spartanburg

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

(1) Full Name of Child Lila Marie Alley

(2) SEX Female (3) Date of Birth Sept. 11, 1928
(4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) If child is not yet named, make supplemental report as directed

FATHER.

(8) Full Name Floyd Alexander Alley

(9) Present Postoffice of Father Spartanburg, S.C.

(10) Color or Race W. (11) Age at Last Birthday 24 (Years)

(12) Birthplace S.C.

(13) Occupation stenographer

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) Name before Marriage Bertha Lela Davison

(15) Present Postoffice of Mother Spartanburg, S.C.

(16) Color or Race W. (17) Age at Last Birthday 24 (Years)

(18) Birthplace S.C.

(19) Occupation Housewife

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born Alive at 4 A.M. on the date above stated. (Born alive or stillborn. Hour, M. or P. M.)

(22) (Signature) Joe C. Cudd (23) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

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

(25) Filed 10-1 19 28 Joe C. Cudd 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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