

N.B.—In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

**1. PLACE OF BIRTH**  
 County of Spartanburg  
 Township of Spartanburg  
 Inc. Town of Spartanburg  
 City of Spartanburg  
**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health  
 Registration District No. \_\_\_\_\_

**FILE No.—For State Registrar Only**  
8322

Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (If child is not yet named, make supplemental report as directed.)

**2. Full Name of Child** Arnie George Kavoun

**3. SEX OR** Male **4. Twin or Triplet?** X **5. Number in order of birth** 1  
 (To be answered only in event of Twins or Triplets)  
**7. DATE OF BIRTH** Mar 2 1923  
 (Month of Month) (Day) (Year)

**FATHER**  
**8. FULL NAME** George C Kavoun  
**9. PRESENT POSTOFFICE OF FATHER** Greenville SC  
**10. COLOR OR RACE** White **11. AGE AT LAST BIRTHDAY** 29 (Yrs)  
**12. BIRTHPLACE** Mass Turkey  
**13. OCCUPATION** Mr. Hunt  
**20. Number of children born to mother, including present birth** First

**MOTHER**  
**14. NAME BEFORE MARRIAGE** Maria Palagne  
**15. PRESENT POSTOFFICE OF MOTHER** Greenville SC  
**16. COLOR OR RACE** White **17. AGE AT LAST BIRTHDAY** 30 (Years)  
**18. BIRTHPLACE** Constantinople Turkey  
**19. OCCUPATION** House Wife  
**21. Number of children of this mother now living, including present birth** First

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

**22. I hereby certify that I attended the birth of this child, who was** born alive **(Born alive or stillborn)** 5:35 p.m. **on the date above stated.**

**23. Signature** [Signature]  
**24. State whether Physician or Midwife** Physician

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_

**26. Witness** \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by mark)

**27. Filed** \_\_\_\_\_ **28.** \_\_\_\_\_  
 before the fifth month of pregnancy. Local Registrar

\*When there was no attending physician or midwife, then the father, householders, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.