

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *11*

or Inc. Town of

or City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12113

Registration District No. *7008* Registered No. *70*

(For use of Local Registrar)

(2) Full Name of Child

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

(4) Twin or Triplet? *no* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan 31, 23*
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. FULL NAME *Lerrance Leonard*PRESENT POSTOFFICE OF FATHER *Switzer & Co*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *30* (Year)12 BIRTHPLACE *Ch. (C)*13 OCCUPATION *carver*20 Number of children born to mother, including present birth *1 5*MOTHER. (14) NAME BEFORE MARRIAGE *Kate Drummond*(15) PRESENT POSTOFFICE OF MOTHER *same*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *31* (Year)(18) BIRTHPLACE *SC*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *1 5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6 P* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *James Sweeten* (24) State *South Carolina* (25) Address of Physician or Midwife *Spartanburg SC*

Given name added from a supplemental report

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

(27) Filed *Jan 12, 1923* (28) *Mrs. C. F. Parker* 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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