

## (1) PLACE OF BIRTH

County of *Spartanburg*Township of *U*or  
Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

12114

Registration District No. *4008* Registered No. *10*

(For use of Local Registrar)

(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

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

3. BOY OR GIRL

*girl*

(4) Twin or Triplet?

*No*

(5) Number in order of birth

*1*

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Jan 29 23*

(Place of Month) (Day) (Year)

## FATHER.

8. FULL NAME

*Will Couch*

9. PRESENT POSTOFFICE OF FATHER

*Arcadia S.C.*

10. COLOR OR RACE

*white*

(11) AGE AT LAST BIRTHDAY

*34*

(Years)

12. BIRTHPLACE

*A.C.*

13. OCCUPATION

*Doss in mill*

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

*6*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Annie May Davis*

(15) PRESENT POSTOFFICE OF MOTHER

*Arcadia S.C.*

(16) COLOR OR RACE

*white*

(17) AGE AT LAST BIRTHDAY

*32*

(Years)

(18) BIRTHPLACE

*A.C.*

(19) OCCUPATION

*Domestic*

(21) 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 *Alive* at *5:20* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Jesse O. Wilson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Spartanburg S.C.*

Give name added from a supplemental report

(26) Witness

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

(27) Filed *6/12/23*(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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