

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Baslet
 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
32303

Registration District No. 4006 Registered No. 119
 (For use of Local Registrar)

(2) Full Name of Child

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

(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 9-18-22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elizah Knox
 (9) PRESENT POSTOFFICE OF FATHER Trough S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Millwork
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Sparks
 (15) PRESENT POSTOFFICE OF MOTHER Trough S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE N.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12.4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) N. L. K. K. K. K. K.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Baslet S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 1 19 22 (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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