

## (1) PLACE OF BIRTH

County of Spartanburg

Township of .....

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

43564

Registration District No. 3109 Registered No. 128  
(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 John Alvin Soff If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 21, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Leather Soff(9) PRESENT POSTOFFICE OF FATHER Spartanburg(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34  
(Years)(12) BIRTHPLACE Spartanburg(13) OCCUPATION Fertilizer Worker(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ellen Soff(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE Spartanburg(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alvin at 2:15 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. F. Roberts(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Spartanburg 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 Jan 9, 1923 (28) Mrs. C. E. Taylor 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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WHILE PLAIN. WITH UNFOLDING BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF Columbia, Columbia, S. C.

RECEIVED