

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of Spartanburg.....

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

(2) Full Name of Child Baby

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

BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Nov 19 19 22

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Harry Brown

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Lawyer

(20) Number of children born to mother, including present birth

2

## MOTHER

(14) NAME BEFORE MARRIAGE

Kathleen Sanders

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(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 Born alive at 7:55 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(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

3-1-22

(28)

Jas. Coper 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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File No.—For State Registrar Only

5661