

(1) PLACE OF BIRTH

County of Spartanburg

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar

22490

Registration District No. 40-aRegistered No. 296
(For use of Local Registrar)(2) Full Name of Child James Harold Alden

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 4, 1923</u> (Month of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Prothias Alden(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE Ga(13) OCCUPATION Miner(14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Maxwell(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Year)(18) BIRTHPLACE Ga(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M., on the date above stated. (If child is stillborn, state so.) (Hour A. M. or P. M.)(23) (Signature) H. P. Mason

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8-1-23

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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