

## (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 Only

8463

Registration District No. 40-0 Registered No. 87

(For use of Local Registrar)

(No. 101 Preston St.; 6 Word)(2) Full Name of Child Eaton If child is not yet named, make supplemental report as directed

|  |                              |   |                                      |
|--|------------------------------|---|--------------------------------------|
| (3) SEX OF CHILD <u>boy</u>                  | (4) Type or Trade <u>one</u> | (5) Number in order of birth <u>yes</u> | (6) DATE OF BIRTH <u>Feb 2, 1923</u> |
| To be answered only in case of Type or Trade |                              | Are Parents Married                     | (Name of Month) (Day) (Year)         |

## FATHER

(8) FULL NAME Arthur L. Eaton(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE Spartanburg Co. S.C.(13) OCCUPATION machinist(14) Number of children born to mother, including present birth 5-

## MOTHER

(14) NAME BEFORE MARRIAGE Annie Bolt(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Year)(18) BIRTHPLACE Spartanburg Co. S.C.(19) OCCUPATION house wife(20) 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 female at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) H. E. McDonald M.D.(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 4-1-23 (M) Jan. Cooper 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH EXPANDING INK—THIS IS A PERMANENT RECORD. N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. See mark on FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In questions 3

Spartanburg, Columbia, S.C.