

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

File No.—For State Registrar Only
30066

Registration District No. 40-2 Registered No. 414
 (For use of Local Registrar)

(No. Sp. Gen. H. H. H. St.; Ward)

(2) Full Name of Child

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

3) BOY OR GIRL 7 4) Twin or Triplet? To be answered only in event of Twins or Triplets 5) Number in order of birth 6) Are Parents Married? yes 7) DATE OF BIRTH: Sept. 9, 1923
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME J. D. Groves9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.10) COLOR OR RACE W. 11) AGE AT LAST BIRTHDAY 39
 (Years)12) BIRTHPLACE W.C.13) OCCUPATION carpenter20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Iris Clayton15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.16) COLOR OR RACE W. 17) AGE AT LAST BIRTHDAY 21
 (Years)18) BIRTHPLACE W.C.19) OCCUPATION seam21) 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 3:15 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. C. Walker (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
 al report

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

(27) Filed 11-1-1923 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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to return