

## (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

No. 1a.—For State Registrar Only

3380

Registration District No. 40Registered No. 428  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. 226 London St.) ..... Ward)

## (2) Full Name of Child

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

2. SEX GIRL 3. Type or Method ✓ 4. Number or order of birth 1 5. Age at birth 16 6. DATE OF BIRTH Sept 16 1923  
 (Month) (Day) (Year)

## FATHER.

8. FULL NAME Hellie Olayano  
 9. PRESENT POSTOFFICE OF FATHER Sperry SC  
 10. COLOR OR RACE C 11. AGE AT LAST BIRTHDAY 20  
 (Year)  
 12. BIRTHPLACE 44400 SC  
 13. OCCUPATION Witch 12-1

## MOTHER.

14. FULL NAME Helene Jackson  
 15. PRESENT POSTOFFICE OF MOTHER Sperry SC  
 16. COLOR OR RACE C 17. AGE AT LAST BIRTHDAY 20  
 (Year)  
 18. BIRTHPLACE John G SC  
 19. OCCUPATION housewife

20. Number of children born to mother, including present birth 121. 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 ..... St. 1015 M.,  
 on the date above stated. (Born alive ✓ Stillborn: None M. None)

(23) (Signature) John G. Jackson(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 11-1-23 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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