

(1) PLACE OF BIRTH

County of SpartanburgTownship of Academy

Inc. Town of

City of

(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

37708

Registration District No. 4006 Registered No. 148
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Girl</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>11-12-23</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Warner Harris(9) PRESENT POSTOFFICE OF FATHER Trough, S.C.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 21
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Mrs. Littlejohn(15) PRESENT POSTOFFICE OF MOTHER Trough, S.C.(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 22
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 alive at 39 M.
on the date above stated. (born alive or stillborn) Hour 10 or P. M.(23) (Signature) N. P. Kuppatur(24) State whether Physician or Midwife (25) Address of Physician or Midwife W. V. P. S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 13 1923 M. W. Brown
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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