

(1) PLACE OF BIRTH

County of CherokeeTownship of Goodysvilleor
Inc. Town ofor
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

9769

Registration District No. 1002 Registered No. 17
(For use of Local Registrar)(2) Full Name of Child Harold W. Sparks (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH Jan. 30, 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>H. D. Sparks</u>	(10) NAME BEFORE MARRIAGE <u>Nellie Hames</u>	(10) FULL NAME <u>H. D. Sparks</u>	(12) NAME BEFORE MARRIAGE <u>Nellie Hames</u>
(9) PRESENT RESIDENCE OF FATHER <u>Wickinsville Pte. 1</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Wickinsville Pte. 1</u>	(10) COLOR OR RACE <u>White</u>	(12) COLOR OR RACE <u>White</u>
(13) BIRTHPLACE <u>Near Wickinsville</u>	(14) BIRTHPLACE <u>Near Goodysville</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(13) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(15) OCCUPATION <u>Farming</u>	(17) OCCUPATION <u>Housekeeping</u>	(15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH <u>3</u>	(17) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (New-born P. M.)(29) (Signature) S. D. Blakely M.D. (30) State whether Physician or Midwife (31) Address of Physn. or Midwife Wickinsville S.C.

Given name added from a supplemental report

James Fairley
Jan 10, 1923

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(33) Filed Apr 10, 1923 (34) James Fairley 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.