

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of
 or
 City of Spartanburg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

5656

Registration District No. 40-A Registered No. 47
 (For use of Local Registrar)

(2) Full Name of Child Irene Elizabeth Coleck

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 29 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clara Coleck
 (9) PRESENT POSTOFFICE OF FATHER 206 Boucaine
Spartanburg S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION bus car conductor

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Easley
 (15) PRESENT POSTOFFICE OF MOTHER 206 Boucaine
Spartanburg S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 a. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) W. H. Chapman

(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 3-1-19 22 (28) Jas. 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.

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